

<b>Case Number:</b>	CM14-0132747		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year-old patient sustained an injury on 5/13/11 from removing manhole covers throughout the day while employed by [REDACTED]. Request(s) under consideration include Chiropractic mobilization/ manipulation and physiotherapy 3 x 4. Diagnoses include neck sprain/ strain; patella chondromalacia; rotator cuff syndrome/ shoulder sprain/ strain; and lumbar sprain/ strain. Report of 7/24/14 from the provider noted the patient has completed post-operative therapy for history of s/p left knee arthroscopy (2011) and left shoulder arthroscopy (2011). The patient reported on 12/17/13, the patient walked backwards and struck his foot on a raised curb; developing right knee pain which caused him to fall. The patient had ongoing chronic bilateral knee, bilateral shoulder pain; mid and low back pain radiating to right lower extremity; neck pain; and right inguinal pain. Exam showed cervical, thoracic, lumbar spine with tenderness to palpation with spasm and muscle guarding; negative Spurling's; limited range; SI stress test; SLR positive; shoulders with tenderness of AC joint, positive impingement, and limited range; knees with well-healed portal scars on left; tenderness over peripatellar region; limited range; decreased sensory in upper and lower extremities in patchy manner; motor strength 5/5 throughout upper and lower extremities and symmetrical DTRs. Treatment included physical therapy, chiropractic, medications, and the patient remained on TTD status. The request(s) for Chiropractic mobilization/ manipulation and physiotherapy 3 x 4 was non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

## **Chiropractic Mobilization/Manipulation and Physiotherapy 3 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines, Low Back Complaints, Manipulation, Page 298-300 Page(s): 98-99, 298-300.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. Guidelines states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented and treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Chiropractic mobilization/manipulation and physiotherapy 3 x 4 is not medically necessary.