

Case Number:	CM14-0139803		
Date Assigned:	09/08/2014	Date of Injury:	11/22/2013
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of November 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for four sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. On July 29, 2014, the applicant consulted an orthopedist who noted that the applicant was off of work and receiving indemnity benefits. Persistent complaints of elbow, shoulder, and small finger pain were reported. The applicant was having issues with sleep disturbance, depression, and anxiety, all of which attributed to the industrial injury and/or its aftermath. X-rays of numerous body parts were ordered. MRI imaging of the left shoulder and left elbow was also sought. Physical therapy was endorsed. The applicant's work status was deferred to his primary treating physician. In an August 27, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue six sessions of physical therapy. The manipulative therapy at issue was seemingly ordered via a progress note dated July 24, 2014, in which the applicant presented with ongoing complaints of neck pain, shoulder pain, elbow pain, and small digit pain. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic/physiotherapy rehabilitation, therapeutic exercise and manual therapy treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic, Physical Medicine topic, and MTUS 9792.20f Page(s): 8, 59.

Decision rationale: These requests represent, in essence, renewal request for chiropractic manipulative therapy and physical therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in the chronic pain context in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, the applicant is off of work, on total temporary disability, despite having completed earlier manipulative therapy. Similarly, while page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, too, is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical and manipulative therapy treatment. Therefore, the request for additional chiropractic therapy and physiotherapy is not medically necessary.