MAXIMUS Federal Services

Case Number:	CM14-0150889		
Date Assigned:	09/19/2014	Date of Injury:	05/28/2013
Decision Date:	12/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine, and is licensed to practice in Colorado. 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:

57 year old male with date of injury 5/28/2013, continues follow up with treating physician. Patient sustained injury on the job when he fell backwards, dropping 8 feet, hit the right side of his head / right ear and lost consciousness. He also noted pain and bruising to his feet and legs after the fall. He was seen in emergency room and x-rays normal at that time. Conservative therapies including PT, and chiropractic care, have had minimal effect, as pain continues in multiple areas: Cervical spine, Lumbar spine, Shoulders, and Ankles/Feet. MRI reports were not included in the records available for review, but a summary of the MRI results was in the records which indicated Left rotator cuff tear, and multi-level disc disease in neck and low back. (An Orthopedic evaluation indicated that surgery was recommended for the Left shoulder though no record documents that this has been approved or accomplished.) The exact number of physical therapy sessions and/or chiropractic sessions completed is unclear as the records supplied do not include the notes from those sessions, just reference to "physiotherapy."The treating physician requests 6 additional visits for soft tissue manipulation of patient's areas of concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft Tissue Manipulation for the Cervical and Lumbar Spine, Shoulder and Ankles - 6 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 57-59.

Decision rationale: Manual therapy and manipulation, a passive form of treatment, is recommended for chronic pain if that pain is due to a musculoskeletal condition. The goal of manipulation therapy is symptomatic improvement and objective functional improvement to promote return to activities. Manipulation therapy is recommended specifically for low back pain, 6 visits initially, up to 18 visits over 6-8 weeks, if there is evidence of functional improvement, but there is no recommendation for maintenance manipulation therapy. If patient has a flare up of low back pain, 1-2 visits every 4-6 months may be indicated if functional improvement / return to work occurs. A review of studies reveals that manipulation therapy may be helpful up to 24 visits total, as long as functional improvement and decrease in pain are well documented and objectively confirmed. Manipulation therapy is not recommended for the following areas of pain: Ankle, Foot, Carpal tunnel syndrome, Forearm, Wrist, Hand, and Knee. Per the guidelines, it can take 4-6 treatments, to see effects, and treatments should be trialed over 8 weeks. At 8 weeks, re-evaluation is recommended, and further manipulation may be indicated if the manipulation has improved function / quality of life and decreased pain. Injured workers with complications / comorbidities may need extended treatments, if documented by the treating physician. Several studies show that improvement with manipulation treatment may occur within the first 6 visit, but tapers off after that. Furthermore, manipulation is a passive therapy, and studies show that active therapies are associated with better clinical outcomes than passive therapies. Per the records supplied, the patient has had more than 30 sessions of "physiotherapy" over 12 months. The treating physician / acupuncturist notes are not clear as to the exact composition of those treatments. (No notes were supplied indicating how many visits was physical therapy, how many was chiropractic manipulation, or other therapies, including acupuncture.) The treating physician and acupuncturist notes do not indicate any objective measurement of or improvement in function. The records indicate "slightly improving," but the pain ratings are little changed over time and as above, no discussion is made of function. Based on the records supplied, it is unclear how many sessions of manipulation patient have already had. Furthermore, no objective evidence is supplied indicating that the sessions he has already had have been helpful. Also, as above, the guidelines do not support manipulation therapy for ankle issues. Given the lack of documentation to support continued manipulation therapy, and unknown number of previous sessions, the request for soft tissue manipulation of cervical spine, lumbar spine, shoulder, and ankles is not considered medically necessary.