

<b>Case Number:</b>	CM14-0151244		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Practice, 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 is a 44-year-old male claimant who sustained a work injury on September 2, 2013 Involving the right knee, neck and low back. An MRI of the right knee in December 2013 showed a complex tear of the posterior horn and the body of the medial meniscus. He had undergone arthroscopic knee surgery on March 12, 2014. He was diagnosed with cervical spine strain as well as lumbar spine pain with radiculopathy. Exam findings were notable for a positive Kemps, Milgram's and Valsalva test on both sides. He had para vertebral muscle spasms on both sides. The physician requested physical therapy two times a week for three weeks as well as chiropractic adjustments for 4 office visits. He had undergone previous physical therapy visits in September 2013 and June 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro adjustments to neck / back 1 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Neck pain and manipulation

**Decision rationale:** Chiropractic adjustments are considered manual therapy in the guidelines. Manual therapy is recommended as an option for low back pain. According to the ODG guidelines manipulation for the neck is recommended but not advisable beyond three weeks if signs of restoration are not demonstrated. In this case the request was up to four weeks. Although the adjustments may be an option it is not medically necessary.

**Physical therapy 2 x3 to cervical and lumbar spine for Home Exercise Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone an unknown amount of sessions during the last 1 year. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.