

<b>Case Number:</b>	CM14-0153871		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 67-year-old male with a reported date of injury of 08/11/2011. The mechanism of injury was not documented in the clinical notes. The injured worker's diagnoses included cervical spondylosis, rotator cuff syndrome, degeneration of lumbar intervertebral disc, and degeneration of cervical intervertebral disc. There were no past treatments documented in the clinical notes. There was no official diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints on 05/06/2014 included neck and bilateral shoulder pain. The injured worker rates pain 2/10. The physical examination of the cervical spine noted tenderness upon palpation over the paraspinal muscles overlying the facet joints on the left. There were also noted muscle spasms over the upper trapezius muscle on both sides. The cervical spine range of motion is limited with left rotation and right side bending moderately. The motor strength to the cervical spine is normal. The injured worker's current medications include ibuprofen and Zanaflex. The treatment plan was to order physical therapy and chiropractic therapy. A request was received for chiropractic therapy 2x3 for the neck and skilled physical therapy 2x3 for the neck and low back. The rationale for the request was not provided. The Request for Authorization form was dated 05/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times 3 for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and upper back chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request for Chiropractic 2 times 3 for the neck is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There was documentation in the clinical note that the injured worker had decreased range of motion in the cervical spine. However, there were no degrees of range of motion or motor strength values to objectively determine the functional deficit of the injured worker. In the absence of clearly defined functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary

**Skilled physical therapy 2 times 3 weeks for the neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines neck and upper back chapter and physical therapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for skilled physical therapy 2 times 3 weeks for the neck and low back is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. The clinical notes indicate that the injured worker has a decreased range of motion in the cervical spine. However, there were no degrees of range of motion provided or muscle strength values to objectively determine the injured worker's functional deficits. In the absence of clearly defined functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.