

<b>Case Number:</b>	CM14-0167626		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/05/09. She continues to be treated for chronic pain. She was seen by the requesting provider on 07/30/14. She had neck and low back pain with muscle tightness and was having migraines. Physical examination findings included cervical and lumbar spine tenderness with muscle spasms and pain with range of motion. Diagnoses were cervical and lumbar disc herniations and left shoulder impingement. Authorization for chiropractic and physical therapy treatments was requested. She was continued out of work. The claimant was evaluated for chiropractic care on 08/19/14. As of 09/10/14 she was having ongoing symptoms with pain rated at 7/10. Treatments included manual therapy, myofascial release, and laser treatments. On 09/12/14 she had improved with chiropractic treatments. She had improvement in weakness and decreased medication use. There had been increased shoulder pain. Physical examination findings included trapezius muscle spasm with left shoulder impingement, stiffness, and weakness. Authorization for an chiropractic treatments 2 times per week for six weeks and physical therapy sessions 2 times per week for six weeks was requested. She was continued out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy sessions x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program.

**12 Chiropractic sessions for the cervical spine.:** 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 & manipulation Page(s): 58-59.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic pain. In terms of chiropractic care, manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. Treatment parameters include a time to produce effect of 4 to 6 treatments with a frequency of up to 1 to 2 times per week for the first 2 weeks and continued treatment up to 1 time per per week for the next 6 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this case, the frequency of the requested visits and total duration of treatment are in excess of the recommended guidelines. The claimant has not returned to work. Therefore, the requested treatments are not medically necessary.