

Case Number:	CM14-0168101		
Date Assigned:	10/15/2014	Date of Injury:	02/13/2012
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Ohio. 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 35-year-old female with a stated date of injury of 2-13-2012. She was carrying heavy objects and developed sudden neck pain and left arm numbness. The injured worker has a history of shoulder surgery from March 18, 2014 and had a left wrist arthroscopy March 29, 2013. An MRI scan of the cervical spine reportedly showed straightening from C2-T1 and mild disc degeneration from C4-C5 and C5-C6. The left upper extremity electromyogram and nerve conduction velocity test were reported as normal. The injured worker recently has been complaining of headaches, neck pain, left arm numbness extending into the fourth and fifth fingers, and throbbing in the left wrist. The physical exam is revealed rigid cervical musculature and pain with motion along with numerous trigger points in the cervical musculature. The back revealed left trapezius spasm and tenderness of the medial scapular border on the left. There was left biceps and triceps muscle weakness, 4/5, a negative straight leg raise test, diminished left shoulder range of motion, and normal reflexes throughout. The stated diagnosis is cervicalgia. Of the 100 documents submitted for review only one document appears to be a clinical note of any kind. It appears that of the initial request for physical therapy and chiropractic care, six sessions of physical therapy were approved. There are no enclosed notes regarding those physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, Physical Therapy

Decision rationale: The Official Disability Guidelines do allow for nine physical therapy visits over eight weeks for cervicgia. However, there is generally a six visit trial with regard to any physical therapy to see if enough progress is being made to warrant further physical therapy. In this instance, the request for 18 total physical therapy visits exceeds those recommended for cervicgia. It appears that six physical therapy visits have been approved but no notes are enclosed for review to see if more physical therapy is warranted. Therefore, physical therapy three times a week for six weeks for cervicgia is not medically necessary based on submitted documentation and with reference to the Official Disability Guidelines.

Chiropractic Therapy 1 x 10 for cervical spine.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Manipulation and Quebec Task Force Whiplash Grades

Decision rationale: The allowable numbers of chiropractic visits under the ODG Chiropractic Guidelines are: Regional Neck Pain: 9 visits over 8 weeks Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. - Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks - Moderate (grade II): Trial of 6 visits over 2-3 weeks Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity - Severe (grade III): Trial of 10 visits over 4-6 weeks Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success. Trial of 6 visits over 2-3 weeks With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care Post Laminectomy Syndrome: 14-16 visits over 12 weeks. In this instance, it would appear that the regional neck pain guidelines would apply i.e. 9 visits over 8 weeks. The radiculopathy guidelines would not apply with the relatively normal cervical spine MRI and normal EMG/NCV testing. The Quebec Guidelines generally apply to whiplash types of injuries, which this is not. Therefore, chiropractic treatment once a week for 10 weeks is not medically necessary under the referenced guidelines.

