

Case Number:	CM14-0182813		
Date Assigned:	11/07/2014	Date of Injury:	01/13/2010
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 59 year old female with a history of work related injury of 1/13/2000. She complains of widespread pain in the cervical and lumbar areas and both shoulders. She underwent extracorporeal shock wave therapy to the left shoulder on 9/30/2014. On examination multiple tender areas are documented in the cervical, thoracic, and lumbar areas as well as both shoulders associated with decreased range of motion and pain. There is associated complaint of sleep difficulty, anxiety, and depression. She complains of headaches. The documentation submitted does not include the results of imaging studies. Spinal stenosis is mentioned as a diagnosis. The disputed issue pertains to a request for chiropractic/physiotherapy 3 x 4 to the cervical and lumbar areas and right shoulder. The request was modified by UR to 6 sessions with transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy 3x4 cervical, lumbar spine, right shoulder: 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 and manipulation Page(s): 58, 59.

Decision rationale: California MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The purpose of the therapy is symptomatic improvement and functional gains that facilitate transition to a home based therapeutic exercise program and return to productive activities. 6 sessions were certified by UR and if objective functional improvement is documented additional manual therapy can be prescribed. Documentation pertaining to any prior manual therapy and manipulation is not submitted. Transition to a home exercise program after 6 sessions as certified is consistent with the guidelines. The request for 3 x 4 chiropractic/physiotherapy, cervical, lumbar spine, and right shoulder exceeds the guidelines and is not medically necessary.