

Case Number:	CM14-0037583		
Date Assigned:	06/25/2014	Date of Injury:	07/03/2013
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 licensed in Chiropractic and is licensed to practice in Texas. 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 45-year-old male who reported an injury, 07/03/2013, the mechanism of injury was not provided within the medical records. The clinical note dated 02/13/2014 indicated diagnoses of cervical segmental dysfunction, cervical radiculopathy, rotator cuff syndrome bilateral, shoulder impingement syndrome bilateral, lumbar radiculopathy, sacroiliac joint dysfunction, and lumbar segmental dysfunction and ankle sprain/strain bilateral. The injured worker reported constant dull, achy neck pain with headaches rated 8/10. He reported activities and movement such as bending, lifting, driving, and personal care aggravated or increased his neck pain. The injured worker reported constant sharp, dull, achy, shooting bilateral shoulder pain with pins and needles and burning sensation rated 8/10. Activities or movements such as lifting, pulling, pushing, and overhead reaching increased or aggravated his bilateral shoulder pain. The injured worker reported constant sharp, dull, achy, shooting lower back pain with numbness sensation that radiated toward the bilateral lower extremity rated 9/10. Activities or movements such as lifting, bending, walking and driving increased or aggravated his lower back pain. The injured worker reported occasional sharp, shooting, dull, achy ankle pain with numbness sensation that radiated toward the bilateral lower extremity rated 8/10 to 9/10. Activity or movements such as bending, lifting, squatting, walking and sitting aggravated or increased his ankle pain. On physical examination, there was tenderness found at the bilateral cervical spine extensors and the C2 through C7 spinal interspaces. The injured worker had tenderness at the bilateral SITS muscles. There was tenderness found at the L2-S1 spinal interspaces bilateral PSIS and quadratus lumborum. The injured worker had tenderness found at the bilateral ankle extensors and malleolus. The injured worker's prior treatments included diagnostic imaging, physical therapy, medication management, chiropractic therapy, acupuncture and physiotherapy. The provider submitted request for chiropractic treatment, physiotherapy and

acupuncture. A Request for Authorization dated 02/14/2014 was submitted for chiropractic treatment, physiotherapy and acupuncture; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three times per week for eight weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Chiropractic treatment three times per week for eight weeks is non-certified. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. In addition, the amount of chiropractic therapy visits that have already been completed is not indicated as well as the efficacy of the prior therapy. Furthermore, it was not specified what body part the chiropractic therapy was indicated for. Therefore, the request for chiropractic treatment is not medically necessary.

Physiotherapy three times per week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Physiotherapy three times per week for eight weeks is non-certified. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physiotherapy as well as the efficacy of the prior therapy. In addition, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion and decreased strength or flexibility. Moreover, the request did not

indicate the body part for the physiotherapy. Therefore, the request for physiotherapy is not medically necessary.

Acupuncture three times per week for eight weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture three times per week for eight weeks is non-certified. The guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decreased side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The injured worker's pain level is not adequate controlled by medication. In addition, there is lack of documentation of a complete and adequate physical exam of the injured worker. Furthermore, the request did not indicate a body part for the acupuncture. Therefore, the request for acupuncture is not medically necessary.