

Case Number:	CM14-0037939		
Date Assigned:	06/25/2014	Date of Injury:	07/19/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 57-year-old male with a date of injury of July 19, 2012. The injury occurred in the context of a slip and fall. The patient has been managed with conservative therapies including ibuprofen, physical therapy, and chiropractic treatments. The disputed request is for work conditioning, chiropractic manipulation therapy, and EMS. A utilization review determination on March 24, 2014 had noncertified all of these requests. The stated rationale included that the records do not reveal "a specific vocational plan of care or job description or position" which is a requirement for work conditioning. With regard to the electrical neuromuscular stimulation, the guidelines do not recommend this outside of stroke rehabilitation. With regard to additional chiropractic therapy, the utilization reviewer pointed out that previous chiropractic manipulation has been performed, and the functional benefit of such therapy is not available in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 2 TIMES A WEEK FOR 3 WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Conditioning.

Decision rationale: The California Medical Treatment and Utilization Schedule do not specifically address work conditioning programs. Therefore, the Official Disability Guidelines in chapters pertaining to neck, hip, knee, shoulder, low back, and forearm address this request and specify the following with regard to these programs: "Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit". In the case of this injured worker, the patient has undergone chiropractic therapy and physiotherapy. There has been documentation of functional improvement in terms of activities of daily living. However, work conditioning requires commentary on the patient's ability to perform his occupation. In this case, there is inadequate description of work related impairments. There are multiple screening criteria that must be accompanied in a work conditioning program that are not included in the submitted documentation. As such, the request for Work Conditioning 2 times a week for 3 weeks for lumbar spine is not medically necessary and appropriate.

EMS 2 TIMES A WEEK FOR 3 WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NMES Section>, page(s) 121 Page(s): 121.

Decision rationale: The California Medical Treatment and Utilization Schedule clearly recommend against electrical muscular stimulation for rehabilitation outside of stroke rehabilitation. Since the injured worker does not carry a diagnosis of stroke but rather low back pain, this request of EMS 2 times a week for 3 weeks lumbar spine is not medically necessary and appropriate.

CMT (Chiropractic Manipulative Therapy) 3-4 areas 2 times a week for 3 weeks lumbar spine: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Chiropractic Manipulation Section>, Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding manual therapy & manipulation: "Recommended 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW (Return To Work) achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 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 these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined."Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician."In the case of this injured worker, there has been extensive chiropractic therapy. However, the guidelines do provide for extension of chiropractic therapy provided that functional benefit is documented. The metric that this requesting healthcare provider has chosen to utilize is a functional outcome measures score. There is documentation that the patient had a decrease in score from October 2013 to January 2014. The requesting provider also illustrates a trend of worsening function in terms of scores from January 9, 2014 to February 6, 2014. During this time, the healthcare provider specifies that the injured worker did not receive chiropractic manipulation to the low back. Thus, the case can be made that the manipulation is helping the patient functionally, and an additional 6 visits is within recommended guidelines. This is medically necessary at this time. Future courses of chiropractic manipulation shall be contingent on functional benefit. Therefore, the request for

CMT (Chiropractic Manipulative Therapy) 3-4 areas 2 times a week for 3 weeks lumbar spine is medically necessary and appropriate.