

Case Number:	CM14-0039602		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2005
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 Interventional Spine, 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 patient is a 60-year-old female with a date of injury of 03/01/2005. The listed diagnoses per [REDACTED] are: 1. Cervical disk disease/cervical scoliosis. 2. Bilateral upper extremities overuse syndrome/bilateral carpal tunnel syndrome. 3. Left lateral epicondylitis. And, 4. Status post right flexor carpi radialis rupture. According to the progress report 03/18/2014, by [REDACTED], the patient presents with bilateral shoulder, arm, and neck pain. There is numbness and tingling in the right arm/hand which has worsened since the last visit. Chiropractic treatments in the past were noted to be of benefit. The provider is requesting 6 physical therapy sessions for the patient's neck and bilateral upper extremity flare up. He is also requesting 6 visits of chiropractic treatment for the left elbow (lateral epicondylitis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy six visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with bilateral shoulder, arm, and neck pain with numbness and tingling in the right arm/hand. The provider is requesting six (6) physical therapy sessions to address the patient's flare-up. The Utilization Review modified the certification from 6 to 2 sessions to address patient's flare up. For physical medicine, the California MTUS Guidelines page 98 and 99 recommended for myalgia, myositis-type symptoms, and 9 to 10 sessions over 8 weeks. The progress report form 10/01/2013 indicates the patient has physical therapy in the past and was of clear benefit. The provider states due to denials, the patient's pain level has elevated since 2012. It appears the patient last received physical therapy back in 2012 with benefit. Given the patient's recent flare up and lack of any recent formalized therapy, a short course of 6 sessions may be warranted. Therefore, the request for physical therapy, six visits, is medically necessary and appropriate.

Chiropractic -six visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: This patient presents with bilateral shoulder, arm, and neck pain with numbness and tingling in the right arm and hand. The provider is requesting six (6) more chiropractic treatments for the neck and upper extremity complaints. The provider noted prior treatments provided benefit. The California MTUS recommends an optional trial of six visits over two weeks with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. With documentation of functional improvement from prior treatments, the MTUS allows for up to 18 visits. The Labor code 9792.20 (e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions, and decreased dependence on medical treatment. The Utilization review letter states the patient has had 42 chiropractic treatments to date. In this case, six (6) additional treatments exceed what is recommended by the MTUS. Furthermore, there is lack of documented functional improvement from prior chiropractic treatments. Therefore, chiropractic, six visits, is not medically necessary.