

Case Number:	CM14-0045861		
Date Assigned:	07/02/2014	Date of Injury:	04/02/2009
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 39-year-old female with a date of injury of 04/02/2009. The listed diagnoses per [REDACTED] are: 1.Right ankle sprain. 2.Peroneal tendinopathy with longitudinal split tears and adhesive of the peroneus brevis of the right ankle. 3.Status post right peroneus brevis tendon repair and right heel decompression on 10/13/2009. 4.Incisional neuroma right nerve, 09/28/2010. 5.Derivative lumbosacral myofascial pain. According to progress report 11/21/2013, the patient presents with low back and lower extremity pain. The patient states she is feeling 50% better after doing 12 sessions of physical therapy. She states that so far nothing has helped her feel this good. Treater is in receipt of a request for additional chiropractic physiotherapy 3 times a week for 4 weeks by [REDACTED] on 11/12/2013. It was noted the patient's subjective complaints were better, and she continued to improve with the lower back and radiation of pain from the leg to the foot. Treatment plan includes refill of oral medication and physical therapy/chiropractic care 3 times a week for 4 weeks. Utilization review denied the request on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/Physiotherapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58,59)MTUS pages 98, 99 has the following:Physical Medicine Page(s): 58, 59, 98, 99.

Decision rationale: The patient presents with chronic low back pain in which she states she is 50% better after doing 12 physical therapy sessions. The request is for "additional chiropractic physiotherapy 3 times a week for 4 weeks." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositistype symptoms 9 to 10 sessions over 8 weeks. For chiropractic care, MTUS Guidelines recommends manual therapy manipulation for chronic pain caused by musculoskeletal conditions and recommends an optional trial of 6 visits over 2 weeks. The patient has participated in 12 physical therapy sessions which provided a decrease in pain and there is no indication that the patient has participated in chiropractic treatment. In this case, additional physiotherapy is not indicated as the treater does not discuss why the patient would not be able to transition into a home-based exercise regimen program. Furthermore, treater's request for chiropractic and physiotherapy 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.