

Case Number:	CM14-0046745		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2012
Decision Date:	08/01/2014	UR Denial Date:	04/04/2014
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 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 44-year-old female who reported an injury on 01/07/2012. The mechanism of injury was noted to be continuous trauma related to job duties. The injured worker's prior treatments were noted to be use of a transcutaneous electrical nerve stimulation unit, medications, epidural steroid injections, physical therapy, acupuncture, and chiropractic care. The injured worker's diagnosis was noted to be brachial neuritis. The injured worker had a clinical evaluation on 03/21/2014. The injured worker's chief complaints were right neck pain radiating to the right parascapular region. The injured worker indicated the pain was present all the time and caused nausea. On a pain scale of 1 to 10, the injured worker stated average pain a level of 7. The objective findings included cervical spinal range of motion, flexion 40 degrees, extension 50 degrees, right lateral flexion 70 degrees, left lateral flexion 70 degrees, right lateral rotation 30 degrees, and left lateral rotation 30 degrees. Tender cervical spine with palpation. The right shoulder range of motion forward flexion was 140 degrees, extension 40 degrees, abduction 40 degrees, adduction 40 degrees, internal rotation 70 degrees, external rotation 70 degrees. Impingement sign was positive on the right with a tender AC joint. The treatment plan is for a course of acupuncture, physical therapy regimen, and chiropractic manipulation with appropriate ancillary procedures. The provider's rationale for the requested physical therapy, chiropractic manipulative therapy, and acupuncture were provided within a clinical evaluation dated 03/21/2014. A request for authorization for medical treatment was not provided for the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for the Cervical Spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for 6 PT sessions for the cervical spine and right shoulder is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. The guidelines state 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. 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. The physical medicine guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow for 9 to 10 visits over 8 weeks. In the clinical evaluation dated 02/22/2014, the injured worker states she had received 8 sessions of PT. The request for 6 sessions would be in addition to the recommendations according to the guidelines. There is no indication of functional deficits within the clinical evaluation. The evaluation does not indicate a lack in motor strength. The evaluation fails to provide efficacy of the previous PT treatments. Therefore, the request for 6 PT sessions for the cervical spine and right shoulder is not medically necessary.

6 Chiropractic Manipulative Therapy Sessions for the Cervical Spine and 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 Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation, page(s) 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation.

Decision rationale: The request for 6 chiropractic manipulative therapy sessions for the cervical spine and right shoulder is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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. The MTUS Chronic Pain Medical Treatment Guidelines do not indicate a recommendation for the cervical spine and right shoulder. The ODG indicate a recommendation for manipulation as an option. In limited existing trials, cervical manipulation has fared equivocally with other

treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2 to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. Because the clinical evaluation does not specifically state how many chiropractic visits the injured worker has had previously, and because it does not offer efficacy of prior treatment, nor does the request provide an indication of a duration of the time for the 6 visits requested, the request for 6 chiropractic manipulative therapy sessions for the cervical spine and right shoulder is not medically necessary.

6 Acupuncture Therapy Sessions for the Cervical Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Guidelines 9792.24.1 state acupuncture can be used to reduce pain and inflammation. The frequency is 3 to 6 treatments to allow for functional improvement, 1 to 3 times a week, 1 to 2 months, and extended if functional improvement is documented as defined in section 9792.20. The clinical evaluation presented for review indicates the injured worker had 8 acupuncture visits. In this case, however, there has been no such evidence of functional improvement. The request for 6 sessions does not include a duration of therapy. Therefore, the request for 6 acupuncture therapy sessions for the cervical spine and right shoulder is not medically necessary.