

Case Number:	CM14-0049745		
Date Assigned:	07/07/2014	Date of Injury:	08/03/2012
Decision Date:	09/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 62-year-old-female, who sustained an industrial injury on 8/24/12. Mechanism of injury is unknown. The patient complains of neck, right shoulder, right elbow, right wrist, hand, and low back injury. She states lately her pain has been constantly ranges from 5/10 to 8/10. Tramadol, helps to decrease some pain and allow her to be functional during the day. Her pain is worse at the base of the right thumb and low back. She also complains of pain in the right knee. Flexeril helps to decrease the intensity and frequency of spasms in the neck and upper back. She has frequent numbness and tingling, which is worse in the evening. She admits to depression and was prescribed Trazodone for depression and insomnia. She uses hot and cold modalities for pain as needed. Diagnoses are discogenic cervical condition with facet inflammation and mild headaches; impingement syndrome of the shoulder on the right, for which there is no MRI; epicondylitis more laterally on the right; wrist/joint inflammation with MRI showing scapholunate ligament tear; stenosing tenosynovitis along the first extensor compartment of the wrist; discogenic lumbar condition with radicular component down the right lower extremity, for which there are no diagnostics; element of depression; weight gain of 20 pounds; gastroesophageal reflux disease; hip sprain/strain on the right; right knee internal derangement. Request for chiropractic therapy for the neck, right elbow, and low back times eight sessions were made; to help decrease pain level and improve range of motion. She previously had chiropractic therapy with benefits of pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right hand 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, page 98 Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand.

Decision rationale: As per CA MTUS guidelines, physical medicine 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. ODG guidelines for hand/wrist sprain/strain allow 9 PT visits over 8 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker was previously approved for 6 PT visits for her hand. However, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Also, the request for additional physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

Chiropractic therapy for neck and back 2 x 4: 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 Manual therapy, page 58 Page(s): 58.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. The CPMTG recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. There is no record of prior chiropractic records or documentation of any significant improvement in pain level or function. Furthermore, the request will exceed the guidelines recommendations. The medical records provided do not establish the need for ongoing manipulations and follow up visits with a chiropractor. Therefore, the request for a total of 8 chiropractic visits is not medically necessary.

