

Case Number:	CM14-0051118		
Date Assigned:	07/07/2014	Date of Injury:	06/17/2013
Decision Date:	08/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/07/2014

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, and is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 06/17/2013. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy, bursitis and tendinitis of the right shoulder, partial tear of the rotator cuff tendon of the right shoulder, medial epicondylitis of the right elbow, lateral epicondylitis of the right elbow, and tendinitis/bursitis of the right hand/wrist. The injured worker was evaluated on 06/18/2013. Physical examination revealed painful and limited cervical range of motion, 3+ spasm and tenderness from C2 to C7, positive axial compression testing bilaterally, positive distraction testing bilaterally, positive shoulder depression testing on the right, decreased right triceps reflex, 3+ spasm and tenderness from T1 to T9, painful and limited lumbar range of motion, 4+ spasm and tenderness from L1 to S1, positive Kemp's testing bilaterally, positive straight leg raising bilaterally, positive Braggard's and Yeoman's testing bilaterally, and diminished reflexes in the bilateral lower extremities. Treatment recommendations at that time included physical therapy for 6 visits, chiropractic manipulative therapy to include infrared, electrical muscle stimulation, and myofascial release, continuation of the current medication regimen, a lumbosacral orthoses, an interferential stimulator unit, and a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times six specific physical therapy procedure to include infrared to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS 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. As per the documentation submitted, the injured worker does demonstrate limited and painful range of motion of the lumbar spine with tenderness to palpation and spasm. However, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement that would warrant the need for additional treatment. Additionally, the California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, and cutaneous laser treatment have no proven efficacy in treating acute low back symptoms. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

Chiropractic therapy to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The injured worker has participated in chiropractic therapy. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. There is also no specific frequency or quantity listed in the current request. As such, the request is not medically necessary.

Myofascial release to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The injured worker has participated in chiropractic therapy. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. There is also no specific frequency or quantity listed in the current request. As such, the request is not medically necessary.

Therapeutic activities to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS 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. There is no documentation of the previous course of physical therapy. There is also no specific frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

Supine lumbar spine mobilization 20 reps: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS 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. There is no documentation of the previous course of physical therapy. Therefore, the request is not medically necessary.