

Case Number:	CM14-0058324		
Date Assigned:	07/09/2014	Date of Injury:	12/03/2009
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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:

This case involves a 59-year-old gentleman who was injured on 12/03/09. The mechanism of injury is unknown. The injured worker's complaints include the left knee, right wrist, posterior neck, low back, bilateral shoulders, hypertension, anxiety and depression. He takes multiple medications including analgesics Vicoprofen, Zanaflex and AED gabapentin. The injured worker has had left total knee arthroplasty and right knee surgery. The right total knee arthroplasty is pending. The request is dated 4/15/14 for osteopathic manipulation 1-2 regions once a week for 6 weeks and the regions to be addressed with the manipulation are not mentioned. That report documented ongoing left knee pain after 3 surgeries. There was center posterior neck pain which was felt to be worse and right low back pain which was "horrible". There were complaints of bilateral shoulder pain with no mention of any recent exacerbation or aggravations. It was noted that the right knee total knee arthroplasty was recommended. The objective findings included some reduced range of motion of the neck and low back; shoulder range of motion were all decreased; tenderness in the neck with myofascial trigger points bilateral trapezii; and tenderness in the low back. Kemp's test was reported positive bilaterally. This request is nonspecific as to what regions are to be addressed, and the specific functional goals of treatment, such as, increased functional activities of daily living or decrease in opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic manipulation 1-2 regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 121, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 58-60.

Decision rationale: The MTUS chronic pain guidelines recommend manual therapy and manipulation for chronic pain caused by musculoskeletal conditions. It defines manipulation as manual therapy that moves joint beyond the physiologic range of motion but not the anatomic range of motion. It notes that this is a passive treatment and emphasizes active physical medicine modalities over passive. Manual therapy and manipulation is only recommended as an option in the lower back for flare-ups of pain. Cervical and thoracic manipulation is not mentioned. It is not recommended for the ankle and foot, forearm wrist and hand or knees. This request is nonspecific, it is not stated what regions are to be addressed, and the specific functional goals of treatment are not mentioned. Therefore, based upon the available evidence and the guidelines this request is not considered to be medically necessary.