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| Case Number: | CM14-0058606 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/09/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 04/02/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, mid back, and bilateral knee pain reportedly associated with an industrial injury of August 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated April 2, 2014, the claims administrator partially a request for nine sessions of chiropractic manipulative therapy as six sessions of chiropractic manipulative therapy, denied an orthopedic referral, and denied an ergonomic home plan. Non-MTUS ODG guidelines were cited to deny the orthopedic visit and to deny the ergonomic home plan. On June 2, 2014, the applicant reported persistent complaints of multifocal 6-9/10 pain, about the knees, shoulders, neck, and back. The applicant had not had any falls. It was acknowledged that the applicant was off of work through August 11, 2014, it was stated. It was also stated, somewhat incongruously, that the applicant had permanent restrictions from an agreed medical evaluator. In an earlier note dated May 2, 2014, the applicant was described as having had four or six sessions of chiropractic manipulative therapy as of that point in time. The applicant was having issues with depression. The applicant stated that she was very worried about missing work on the grounds that she was worried her employer might fire her. Somewhat incongruously, it was stated that the applicant was given a 5-pound lifting limitation in one section of the report while another section of the report stated that the applicant was returned to regular duty work. Authorization was apparently sought for an ergonomic home evaluation. The applicant was described as using Tylenol No. 3. The applicant apparently had had multiple followups since her injury. The applicant was using a cane to move about. It was suggested that the applicant had returned to work as an instructional assistant at San Diego Community College. A 5-pound lifting limitation was endorsed. Physical therapy

and durable medical equipment were endorsed for home safety purposes. In a June 4, 2014 progress note, the applicant noted that one of her previous surgeons having suggested that she undergo knee and/or shoulder surgery. The applicant received an earlier ergonomic home evaluation plan on 8/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic /Physiotherapy 3 x 3: Upheld

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

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of the same is "four to six treatments." The request, as written, represents treatment well in excess of the MTUS parameters. It is further noted that the attending provider did not clearly outline how much prior manipulative treatment the applicant had had through the day of the request, what the response was, and/or what the goals were, going forward, with further chiropractic therapy. Therefore, the request is not medically necessary.

Referral to orthopedist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ODG - TWC Procedure Summary last updated 03/18/2014; Evaluation and Management (E&M); office visits; outpatient visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent multifocal pain complaints. One of the applicant's treating providers has suggested that she may or not be considered for shoulder and/or knee surgery. Obtaining the added expertise of a physician in another specialty, such as an orthopedist, to help outline the treatment course, going forward, is indicated. Therefore, the request is medically necessary.

Ergonomic home plan: 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) ODG - TWC; Procedure Summary last updated 03/18/2014; Ergonomic home plan; on-going education.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 15, Chronic Pain Treatment Guidelines CRPS, Treatment topic, Rehabilitation-Final Step section Page(s): 40.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 15 does support modification of jobs, tasks, and/or workstations as necessary in applicants who have had recurrences of symptoms owing to workstation factors and, similarly, page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does support assessment of ergonomics and/or associated modifications at home and work in applicants with chronic regional pain syndrome, in this case, however, the applicant did apparently have an earlier home assessment in August 2013. It is not clear why a repeat ergonomic home assessment is being sought. It is unclear if the recommendations of the prior ergonomist in August 2013 were implemented or not. It has not been clearly established what new ergonomic factors are present which would have compelled a repeat ergonomic plan on and around the date of the request, March 19, 2014. Therefore, the request is not medically necessary.