

<b>Case Number:</b>	CM14-0074533		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 59 year old male who reported an injury on 12/03/2009. Mechanism of injury not provided. The injured worker had diagnoses of herniated cervical disc, and osteoarthritis of right knee, surgery to left knee. Past treatment included medications, cortisone, and epidural injections. Diagnostic studies were not provided within the documentation. The injured worker underwent three surgeries to the left knee. The injured worker complained of pain to the right knee rated 9/10, with pain radiating to the right calf and ankle. The pain was decreased with lying down and medication. The injured worker complained of moderate neck pain rated 8/10. The injured worker stated the pain was most experienced with physical activities and radiated to the back of the head, left arm, left shoulder, and left shoulder blade. Cervical spine evaluation revealed tenderness in the cervical region and hyper tonicity. There were myofascial trigger points present in the trapezius bilaterally. The physical examination of the lumbar spine revealed pain and tenderness to both sides, palpation of the lumbar musculature demonstrated hypertonicity on both sides, and trigger points were mild and present to both sides. The injured worker had pain to the bilateral shoulders rated 7/10 bilaterally with decreased range of motion. Medications included Vicoprofen, tizanidine, and Gabapentin. The treatment plan included a recommendation for six osteopathic manipulations (OMT) one times six weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders and left knee. The requesting physician's rationale for the request and the request for authorization were not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six osteopathic manipulations (OMT) one times six weeks for bilateral wrists, cervical , thoracic, lumbar, bilateral shoulders and left knee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain pages 58-59; Manual therapy page 121; Neuromuscular

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The request for six osteopathic manipulations (OMT) one times six weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders and left knee is not medically necessary. The California MTUS guidelines note chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal 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 guidelines recommend up to 4-6 sessions of chiropractic treatment for the lumbar spine in order to produce effect and with evidence of objective functional improvement up to 8 weeks of treatment. The guidelines recommend a frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition and treatment may continue at 1 treatment per week for the next 6 weeks. The guidelines do not recommend chiropractic treatment for the wrist and knee. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation demonstrating the injured worker has significant objective functional deficits. Additionally, the guidelines do not recommend chiropractic treatment for the wrist and knee. Therefore the request for six osteopathic manipulations (OMT) one times six weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders and left knee is not medically necessary.