

Case Number:	CM14-0161835		
Date Assigned:	10/03/2014	Date of Injury:	06/01/2011
Decision Date:	02/11/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Rehab, 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 49-year-old female with an original industrial injury on June 1, 2011. The covered body regions include the bilateral wrists and lumbar spine. The mechanism of injury was repetitive strain. Conservative treatments to date have included Spica splint, acupuncture, tens unit, steroid injections in both wrists, activity restriction, physical therapy, and pain medications. The disputed request is for chiropractic and physiotherapy for 12 sessions. A utilization review on September 8, 2014 objected to this citing that the medical condition and body part to be treated was not specified. There was documentation of an attempt to have a peer to peer discussion. The provider was not able to be reached, and the reviewer noncertified this request citing that this injury was over three years ago and the timeline for efficacy of physical therapy and chiropractic therapy is most beneficial in the acute and subacute treatment phases.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chiropractic Page(s): 98-99, 58-60.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has likely undergone prior PT, but there is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary. Similarly, for chiropractic, I am not able to find documentation of previous benefit from this modality. Therefore, this request is not medically necessary.