

Case Number:	CM14-0197052		
Date Assigned:	12/05/2014	Date of Injury:	09/15/2004
Decision Date:	01/15/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured on 9/15/2004. She was diagnosed with cervical strain with cervical radiculitis, and lumbar strain. She was treated with physical therapy, surgery (carpal tunnel release, ankle surgery), medications, and chiropractic treatments (at least 39 sessions). On 8/7/14, her secondary treating physician (pain specialist) saw the worker who complained of neck pain rated 7/10 on the pain scale, radiation to both shoulders with associated numbness and tingling, improved since last appointment. The worker also reported she had improvements with dressing, overhead activity, and lifting, but continued to experience worse pain with walking, sitting, and prolonged standing. Physical examination included walking heel to toe easily and accurately performed with no missed steps and was painless. Later, on 11/6/2014, the worker was seen by her orthopedic treating physician reporting continual neck and low back pain. Physical findings included decreased range of motion of the cervical spine, negative straight leg raise, and mild back tenderness. She was then recommended physical therapy, chiropractic treatments, and a front wheeled walker to allow her to walk for more extended distances. A request soon afterwards was submitted by her pain specialist provider for a walker and more chiropractor treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Chiropractor guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, she had already attended at least 39 sessions of chiropractic sessions, which exceeds MTUS recommendations. Also, if the request was for the treatment of an acute flare-up, for which there was no documented evidence, a request for eight visits would be excessive. Therefore, the eight chiropractor visits are not medically necessary.

Purchase of wheel walker with seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare walker criteria

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg section, Walking aids, AND Hip and Pelvis section, Walking aids

Decision rationale: The MTUS Guidelines do not address walkers. The ODG states that walking aids may be indicated in cases of bilateral osteoarthritis of the hip or knee severe enough to adversely affect walking and in cases where canes or other devices would be inappropriate or insufficient for stability. In the case of this worker, there was no evidence of instability or lower extremity pain which might have helped justify any walking aid, let alone a walker. Insufficient explanation for the request was included in the notes available for review which might have helped the reviewer to understand the basis for this request. Without an obvious indication for this walker, the request is considered medically unnecessary.