

Case Number:	CM14-0197181		
Date Assigned:	12/05/2014	Date of Injury:	05/05/2013
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
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 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 patient is a 43 year-old woman who was injured at work on 5/5/2013. The injury was primarily to her shoulders and back. She is requesting review of denial for "Evaluation and Treatment with [REDACTED] 1 Time a Week for 6 Weeks/Quantity 6.0." [REDACTED] was asked to perform manual therapy/manipulation treatments for the patient. Medical records corroborate ongoing care for her injuries. Her last documented office visit was 10/27/2014. In this visit she informed her primary treating physician that the pain in her back and left shoulder were "getting better." Further, that she was responding well to chiropractic therapy. Physical examination was done and demonstrated left shoulder tenderness anteriorly, able to abduct 90 degrees, upper back and some tenderness T6-9 with spasm. Her diagnoses included: Herniated Thoracic Disc; and Labrum Tear Left Shoulder. Treatment recommendations included: Modified work; Continued Chiropractic Care (1X per week X 6 weeks); Orthopedic Referral; and Motrin 800 mg TID. In the Utilization Review process it was noted that she had completed a total of 12 chiropractic sessions. "While at the time of the prior peer review on September 10, 2014 it was noted that the patient demonstrated improvement after the first 6 sessions, the medical records do not establish evidence of continued objective functional improvement as a result of the additional 6 authorized sessions. In fact, according to the chiropractic treatment reports the patient's symptoms and activity level have remained unchanged. Without evidence of continued functional improvement further chiropractic treatment would not be indicated."

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment with [REDACTED] 1 time a week for 6 weeks quantity 6.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy & Manipulation as a treatment modality. These guidelines state the following: Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care -- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Recurrences/flare-ups -- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines- a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case the patient has already received 12 sessions of manual therapy and as noted in the Utilization Review process, while there was evidence of improvement after the first 6 sessions, there is insufficient evidence in support of continued improvement with respect to pain control or functional improvement after the next 6 sessions. Therefore, based on the above stated MTUS guidelines regarding "therapeutic care" without evidence of objective functional improvement, further manipulation therapy with [REDACTED] is not medically necessary. Low back:

Recommended as an option. Therapeutic care -- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care -- Not medically necessary. Recurrences/flare-ups -- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case the patient has already received 12 sessions of manual therapy and as noted in the Utilization Review process, while there was evidence of improvement after the first 6 sessions, there is insufficient evidence in support of continued improvement with respect to pain control or functional improvement after the next 6 sessions. Therefore, based on the above stated MTUS guidelines regarding "therapeutic care" without evidence of objective functional improvement, further manipulation therapy with [REDACTED] is not considered as medically necessary.