

<b>Case Number:</b>	CM14-0201746		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/02/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 hip and thigh pain reportedly associated with an industrial injury of November 2, 2002. In a Utilization Review Report dated November 4, 2014, the claims administrator partially approved a request for eight sessions of chiropractic manipulative therapy as two sessions of chiropractic manipulative therapy. Non-MTUS Chapter 6 ACOEM Guidelines were invoked. The claims administrator noted that the applicant had history of chronic knee pain status post earlier knee surgery. The applicant had also received massage therapy. The claims administrator also contended that the applicant had in fact returned to work. An October 28, 2014 progress note was referenced in the determination. The applicant had apparently alleged multifocal complaints of knee, hip, back pain secondary to cumulative trauma at work, it was incidentally noted. The claims administrator also denied a request for six sessions of physical therapy outright. Once again, ACOEM Chapter 6 was referenced in the rationale. In an October 28, 2014 progress note, the applicant reported persistent complaints of hip, knee, low back, and ankle pain. Chiropractic manipulative therapy, physical therapy, gym equipment, and acupuncture were endorsed. The note was very difficult to follow and mingled historical issues with current issues. Electrical stimulation was also endorsed. It was suggested (but not clearly stated) whether the applicant was working. The attending provider posited that the applicant needed maintenance manipulative therapy and/or physical therapy so as to prevent flares of pain in future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy additional one to two times a week for six weeks, QTY: 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 106 & 107

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

**Decision rationale:** Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes that chiropractic manipulative therapy is not recommended for several of the body parts implicated in the injury, including the knee and ankle, two of the body parts which the attending provider is seemingly seeking treatment. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that one or two sessions of manipulative therapy are recommended every four to six months in applicants who experience recurrences and/or flares in pain. The eight sessions of manipulative therapy at issue here, however, per the treating provider, represent maintenance manipulative therapy being sought for preventive purposes. Such treatment is, however, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." Therefore, the request is not medically necessary.

**Physical therapy additional one to two weeks for six weeks, QTY: 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 106 & 107

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant was described on the October 28, 2014 office visit, referenced above, as exhibiting a normal gait and having already returned to work. By implication, the applicant should, thus, be capable of performing self-directed home physical medicine as an extension of the treatment process, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.