

Case Number:	CM14-0206671		
Date Assigned:	12/18/2014	Date of Injury:	04/09/2005
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 72-year-old woman with a date of injury of 04/09/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/05/2014 and 11/07/2014 indicated the worker was experiencing neck pain that went into the arms with numbness and headaches, lower back pain that goes into the legs with numbness, pain in both shoulders, and decreased sleep. Documented examinations consistently described no grip strength in the left hand and tenderness in the upper back, shoulders, and lower back with spasms and decreased joint motion. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain/sprain and radiculopathy, shoulder strain/sprain, rotator cuff syndrome, headaches, and insomnia. Treatment recommendations included medications, chiropractic care, physical therapy, and follow up care. A Utilization Review decision was rendered on 12/04/2014 recommending non-certification for chiropractic treatment and physical therapy twice weekly for three weeks (6 sessions each).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines recommend the chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the arms with numbness and headaches, lower back pain that goes into the legs with numbness, pain in both shoulders, and decreased sleep. There was no discussion detailing functional issues, the goals of this therapy, or if the worker was treated with this therapy in the past with the results. In the absence of such evidence, the current request for chiropractic treatment twice weekly for three weeks (6 sessions) is not medically necessary.

Physical Therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the arms with numbness and headaches, lower back pain that goes into the legs with numbness, pain in both shoulders, and decreased sleep. There was no discussion detailing functional issues, the goals of this therapy, or if the worker was treated with this therapy in the past with the results. In the absence of such evidence, the current request for physical therapy twice weekly for three weeks is not medically necessary.

