

Case Number:	CM14-0208377		
Date Assigned:	01/05/2015	Date of Injury:	09/01/2011
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 41-year-old woman who sustained a work-related injury on September 1, 2011. Subsequently, the patient developed a chronic neck and shoulder pain. The patient was previously treated with the medications, physical therapy, chiropractic treatments without pain control. According to a progress report dated on October 28, 2014, the patient was complaining of frequent, moderate sharp neck pain with weakness and stiffness. The patient was also complaining of shoulder pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion, and reduced range of motion left shoulder. The patient had a positive Phalen's test with pain and decreased range of motion of the left wrist. The provider requested authorization for physical therapy and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>.There is no documentation of objective findings that support musculoskeletal dysfunction requiring physical therapy. There is no documentation of the effect of previous physical therapy sessions. Therefore, Physical therapy for the left wrist, 2 times a week for 4 weeks is not medically necessary.

Chiropractic care for the left wrist, 1 time a week for 4 weeks: Upheld

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

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

Decision rationale: According to MTUS guidelines, chiropractic treatment < 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>. According to ODG guidelines, manipulation < Not recommended. Manipulation has not been proven effective in high quality studies for patients with carpal tunnel syndrome, but smaller studies have shown comparable effectiveness to other conservative therapies. (Davis, 1998) (Feurstein, 1999) (AHRQ, 2003) (Ernst, 2003) (Goodyear-Smith, 2004) (Verhagen-Cochrane, 2004) (Sucher, 2005) Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom

benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. (O'Conner-Cochrane, 2003) If this treatment is used despite the lack of evidence, up to three visits may be recommend contingent on documentation of objective improvement, i.e., VAS improvement greater than four. Further trial visits up to six may be contingent on additional documentation of long term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Therapy should avoid passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation>.There is no documentation of objective findings that support musculoskeletal dysfunction of the wrist requiring chiropractic treatment. There is no documentation of the effect of previous chiropractic treatment. Therefore, Chiropractic care for the left wrist, 1 time a week for 4 weeks is not medically necessary.