

Case Number:	CM15-0000099		
Date Assigned:	01/09/2015	Date of Injury:	07/15/2014
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 63 year old female who sustained an industrial injury on 7/15/14. The injured worker reported symptoms in the back, neck, and knees. The diagnoses included lumbar and sprain of unspecified site of shoulder and upper arm, sprain of unspecified sit of knee and leg, neck sprain and sprain of unspecified site of wrist. Treatments to date were not noted in the provided documentation. PR2 dated 8/28/14 noted the injured worker presents with "sore" bilateral knees "with some radiation down leg from back" the treating physician is requesting Physical Therapy 2 x 6 and Chiropractic Therapy 2 x 6 for the newly reported radiation of pain. On 12/15/14 Utilization Review non-certified Physical Therapy 2 x 6 and Chiropractic Therapy 2 x 6. The California Medical Treatment Utilization Schedule Guidelines were cited. A treating physician note dated 07/31/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

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

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 pain in the neck and back. These records suggested the symptoms improved with an unspecified number of physical therapy sessions, but details were not provided. While the specific number of completed sessions was not clearly stated, the Guidelines support transitioning to a home exercise program. There was no discussion supporting the need for additional sessions rather than continuing with a self-directed home program. In the absence of such evidence, the current request for physical therapy sessions twice weekly for six weeks is not medically necessary.

Chiropractic therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The MTUS Guidelines recommend 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 documentation indicated the worker was experiencing pain in the neck and back. These records suggested the symptoms improved with an unspecified number of physical therapy sessions, but details were not provided. There was no discussion detailing functional issues, the goals of continuing this therapy, or the reason a higher frequency than what is recommended by Guidelines was requested. In the absence of such evidence, the current request for chiropractic sessions twice weekly for six weeks is not medically necessary.

