

Case Number:	CM15-0006060		
Date Assigned:	01/20/2015	Date of Injury:	03/12/2014
Decision Date:	03/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 3/12/2014. She has reported low back pain and right knee pain after a fall. The diagnoses have included enthesopathy, back spasms, and lumbosacral strain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), flexible lumbar brace, physical therapy and chiropractic session, specific number of sessions not documented. Currently, the IW complains of residual pain in low back and right knee pain. Significant physical examination 11/3/14, included tenderness to palpation to para-lumbar muscles and spinous processes, decreased Range of Motion (ROM), and positive straight leg raising at 70 degrees bilaterally, right knee tenderness, crepitus and tracking. Diagnoses included lumbar spine strain/sprain, degenerative disc disease and radiculopathy, right knee contusion/sprain/strain/rule out internal derangement, right ankle sprain/strain. On 12/9/2014 Utilization Review modified certification for two (2) chiropractic sessions and four (4) physical therapy sessions, noting after the initial start of therapy and documentation of functional improvement, additional therapy may be granted. The MTUS Chronic Pain Management Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of six (6) chiropractic manipulation session for lower back and eight (8) physical therapy sessions for the right knee and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic manipulation sessions for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 12/08/2014 report, this patient presents with 'residual pain in the low back. The right knee continues to bother her with motion activities with crepitus.' The current request is for six (6) chiropractic manipulation sessions for the low back. The request for authorization is on 12/08/2014. The patient's work status is to 'remain off-work until 12/08/2014.' Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing the provided reports, the treating physician document that the patient received '4 sessions of chiropractic treatment from this facility' and treatment are 'helping her symptoms.' The requested 6 sessions of chiropractic is supported by the MTUS guidelines. MTUS does allow up to 18 sessions with functional improvement. Therefore, the request IS medically necessary.

Eight (8) physical therapy sessions for the right knee and low back (infrared, massage, ultrasound and therapeutic exercises): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: According to the 12/08/2014 report, this patient presents with 'residual pain in the low back. The right knee continues to bother her with motion activities with crepitus.' The current request is for Eight (8) Physical therapy sessions for the right knee and low back (infrared, massage, ultrasound and therapeutic exercise). For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the provided reports, the treating physician document that the patient 'received 8 sessions of physical therapy' and treatment are 'helping her symptoms.' In this case, the requested 8 additional sessions plus the 8 previous sessions completed exceed what is allowed by MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.

