MAXIMUS Federal Services

Case Number:	CM15-0008534		
Date Assigned:	01/26/2015	Date of Injury:	07/08/2011
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on 07/08/2006. A chiropractic office visit dated 12/10/2013 reported prior treatments to include injections to elbows, acupunture treatment, some chiropractic care and some physical therapy. The patient stated that each form a tretment did offer temporary relief of symptom. On 08/19/2013 she was deemed both maximaimum medical improved and permanent and stationary. Diagnsotic impression showed bilateral hand tendon joint and muscle strain/sprain injury, bilateral wrist tendon joint and muscle strain/sprain, bilateral elbow tendon joint muscle strain/sprain and lateral epicondylitis and cervical spine tendon joint and muscle strain/sprain injury; degenerative joint disease and degenrative disc disease at C5-6. A primary treating office visit dated subjective complaint of neck pain. Objective findings showed the cervical spine passive range of motion still decreased. The following diagnoses are applied; cervical Myalgia and cumulative trauma injury.The plan of care reported the treatment as complete secondary to maximum medical improvement. On 12/19/2014 Utilization Review non-certified a request for initial chiropractic session 6, therapuetic exercise sessions 6 and electrical stimulation treatments 6, noting the CA MTUS Chronic Pain, Manual therapy and Physical Medicine, along with Official Disability Guidelines Neck, transcutaneous electric stimulation were cited. The injured worker submitted an application for independent medical reivew on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic Treatment, body part(s) unspecified, from 3/12/14 to 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation- Page(s): 58-69.

Decision rationale: Initial Chiropractic Treatment, body part(s) unspecified, from 3/12/14 to 4/22/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a trial of 6 visits over 2 weeks for the low back with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS Guidelines do not recommend manual medicine for the ankle and foot; carpal tunnel syndrome; forearm wrist and hand; or knee. The request does not specify a body part or quantity therefore this request cannot be certifed and is not medically necessary.

Therapeutic Exercises, body part(s) unspecified, from 3/12/14 to 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (updated 11/15/14, Physical Occupational Therapy; and Elbow, Physical Therapy (updated 10/20/14); and Neck & Upper Back (updated 11/18/14), Physical Therapy; and Low Back (updated 11/21/14), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise &Physical Medicine Page(s): 46-47 & 98-99.

Decision rationale: Therapeutic Exercises, body part(s) unspecified, from 3/12/14 to 4/22/14 are not medically necessary per the MTUS Guidelines. The MTUS supports therapeutic exercise and states that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS states that physical medicine should be directed toward an active self directed home exercise program. Without clarification of which body part this is for, quantity of sessions, and outcome of any prior therapy the request for therapeutic exercises, body part(s) unspecified are not medically necessary.

Electrical Stimulation, body part(s) unspecified, from 3/12/14 to 4/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, Criteria for Use of TENS Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Electrical Stimulation, body part(s) unspecified, from 3/12/14 to 4/22/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The request is not clear on what body part the electrical stimulation is being used for and whether this is a TENS unit trial for home use or electrical stimulation applied in therapy. Without clarification the request is not medically necessary.