MAXIMUS Federal Services

Case Number:	CM15-0108134		
Date Assigned:	06/12/2015	Date of Injury:	05/26/1998
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female who sustained a work related injury May 26, 1998. Past history included multiple surgeries to the right ankle and left shoulder surgery March 2011. According to a treating physician's follow-up visit, dated April 27, 2015, the injured worker presented for a 3 month medication check. She complains her Cymbalta is not always approved causing moderate to severe mood reactions/withdrawal. Current medication included Ambien, Norco, and Omeprazole. Her pain level is rated 7/10, with pain to the left shoulder, right ankle, and low back. Physical examination of the lumbar spine revealed moderate tenderness to palpation at the right sciatic arch, range of motion slightly decreased, and straight leg raise in the sitting position positive on the right. Right ankle dorsiflexion strength (L4) is 4/5, sensation is decreased on the right in the L4 dermatome, overall gait slightly antalgic. Diagnoses are cervicalgia; adhesive capsulitis left shoulder; right ankle replacement 7/18/12; osteoarthritis of the distal tibial-fibular joint; lower extremity neuroma, right foot ankle region; lumbar radiculopathy. Treatment plan included medication refills and urine drug screen. At issue, is the request for authorization for chiropractic/physiotherapy treatments with adjunctive physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy treatments with adjunctive physical therapy, quantity: 5 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 of 127.

Decision rationale: This claimant was injured in 1998. There had been multiple surgeries. There is still neck pain and degenerative osteoarthritis. There had been extensive past therapy. She is on multiple medicines. The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, records fail to attest to "progression of care" post the 1998 injury with these types of measures. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is appropriately not medically necessary.