

Case Number:	CM15-0181575		
Date Assigned:	09/22/2015	Date of Injury:	06/22/2015
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 52 year old female, who sustained an industrial injury on 6-22-15. The injured worker is undergoing treatment for chronic cervical sprain-strain with radiculitis, chronic thoracic sprain-strain, lumbar strain-sprain with radiculitis rule out herniated nucleus pulposus (HNP), chronic shoulder-arm strain-sprain rule out internal derangement, lateral epicondylitis and chronic strain-sprain right knee rule out internal derangement. Medical records dated 7-29-15 indicate the injured worker complains of constant aching neck pain radiating to shoulders with numbness, stiffness, headaches and sleep interruption, constant sharp back pain with radiating down both buttocks with numbness and tingling. She reports bilateral shoulder sharp pain, dull right knee pain with stiffness and swelling, sharp non radiating right leg pain and sleep of 2-8 hours with interruptions. Physical exam dated 7-29-15 notes cervical tenderness to palpation, painful full range of motion (ROM), spasm, positive Solo Hall test, thoracic and lumbar tenderness to palpation with spasm, lumbar "range of motion (ROM) is full in all planes with associated pain." and positive Valsalva's maneuver. There is bilateral shoulder tenderness to palpation "range of motion (ROM) is full in all planes with associated pain, bilaterally right greater than left." There is right knee tenderness to palpation painful range of motion (ROM) and positive valgus-varus test. Treatment to date has included medication, hot-cold treatment and back support. The treating physician requests physical therapy for the neck, back and right knee and chiropractic to the neck and back. The original utilization review dated 8-20-15 indicates the request for physical therapy X8 is partially certified to physical therapy X6 and chiropractic #4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Therapy #8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The MTUS recommends for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis the MTUS supports 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis the MTUS supports 8-10 visits over 4 weeks. Without clarification on the request of specific body part for this therapy the request for 8 sessions of physical therapy is not medically necessary.

Chiropractic # 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Neck and Upper Back, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Chiropractic #4 is not medically necessary per the MTUS Guidelines. The MTUS supports a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation indicates that this patient has had prior chiropractic treatment, however there is no evidence of functional improvement from this treatment, therefore the request for additional chiropractic care is not medically necessary.