

Case Number:	CM15-0183268		
Date Assigned:	09/24/2015	Date of Injury:	04/27/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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 36 year old male, who sustained an industrial injury on 4-27-14. Medical record indicated the injured worker is undergoing treatment for lumbar spine disc bulge, bilateral shoulder tendonitis-bursitis, bilateral wrist-hands cartilage tears and left knee (ACL) Anterior Cruciate Ligament tear. Treatment to date has included acupuncture treatments which have been beneficial and activity modifications. (EMG) Electromyogram studies performed on 7-1-15 were read as normal study. On 7-31-15, the injured worker complains of intermittent, moderate to severe pain of left knee with a slight decrease in pain with physiotherapy treatments, intermittent moderate pain in right shoulder with a slight decrease in pain, lower back intermittent moderate radiating pain with a slight decrease in pain, intermittent mild to moderate pain and stiffness to right knee which is improving and bilateral wrist frequent intermittent moderate pain and soreness with a slight decrease in pain. He is temporarily totally disabled. Objective findings on 7-31-15 noted moderate palpable tenderness in the peripatellar area of left knee with slightly restricted range of motion, moderate palpable tenderness of right knee with slightly improved range of motion, moderate palpable tenderness of right and left shoulder with improved range of motion and moderate palpable tenderness with decreased range of motion of bilateral wrists. A request for authorization was submitted on 7-31-15 for 4 visits of chiropractic care, physiotherapy and therapeutic exercises. On 9-16-15, utilization review non-certified a request for 4 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, physiotherapy and therapeutic exercises, 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 07/31/15 with pain in the bilateral knees, lower back, bilateral wrists, and right shoulder. The patient's date of injury is 04/27/14. The request is for Chiropractic care, physiotherapy and therapeutic exercises, 4 visits. The RFA is dated 07/31/15. Physical examination dated 07/31/15 reveals tenderness to palpation of the bilateral knees, right shoulder, lumbar spine and bilateral wrists, with positive Valgus sign in the bilateral knees, positive McMurray's and Varus sign in the left knee noted. The provider also notes positive Appley's scratch, Apprehension, and Dugas test in the right shoulder, positive Phalen's sign and decreased grip strength in the bilateral wrists. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 state: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. In regard to the 4 sessions of chiropractic manipulation for this patient's chronic pain complaints, the requesting physician has not provided documentation of functional improvements attributed to prior treatments. MTUS guidelines indicate that 3-6 sessions of chiropractic therapy are appropriate for conditions of this nature, and that additional sessions are contingent upon functional benefits. In this case, the patient has undergone an unspecified number of chiropractic treatments to date. A review of the documentation provided includes several statements of functional improvement and pain reduction attributed to chiropractic treatments. However, objective functional findings from progress reports 04/10/15, 05/11/15, and 06/24/15 are largely unchanged, despite provider statements to the therapies are improving function and reducing pain. Without clear documentation of measurable functional improvements attributed to previous chiropractic treatments, the request for additional sessions cannot be substantiated. The request IS NOT medically necessary.