

Case Number:	CM15-0185443		
Date Assigned:	09/28/2015	Date of Injury:	02/11/2011
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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 59 year old female, who sustained an industrial injury on 2-11-11. The injured worker was diagnosed as having neuropathic pain; muscular imbalance; thoracic outlet syndrome; muscle atrophy. Treatment to date has included physical therapy; acupuncture; chiropractic therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker was in the office as a follow-up visit. The provider documents the injured worker was involved in a motor vehicle accident (rear ended at 20 mph) on 7-7-15. She has no head trauma but reports some sternal pain and burning under her clavicle and lower rib cage- rib pain has been increasing. He notes she has had a consultation with chiropractor and "was very helpful and they feel continuation would be helpful". Her work related injury of 2-11-11 was for her wrists that became swollen and tender and painful. The provider notes that she "had TCL tears on right on MRI." Later in treatment she began to experience bilateral arm pain and then cervical condition. She was treated for thoracic outlet obstruction and nerve block injections which were beneficial but afterwards had muscle pains in the posterior arm and clamping-pulling of muscles on the right neck. She then saw a neurologist with recommendations of Botox injections. And start using a cervical collar. The provider notes treatment: "acupuncture was done but no more treatments have been requested; physical therapy is done and need more sessions; chiropractic therapy did not get any functional improvement but did have improvement of pain." She is scheduled to see provider for Botox injections 8-2015. She has been using a C-collar since 6- 2014 and notes head feels better supported but there are some issues with the right shoulder nerves. She has started Celebrex on 4-5-15 and she reports this has been helpful. On physical examination, the provider documents "back: decreased prominence of

spinous process from C5- C7. Extremities: bilateral upper extremities with full range of motion." The injured worker has had multiple therapies and modalities but there is no definitive count on the actual number she has been provided or completed. A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-27-15 and non-certification was for Manipulative Therapy, six visits for the cervical spine. A request for authorization has been received for Manipulative Therapy, six visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulative Therapy, six visits for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines supports manual therapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of manual sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered for this 2011 injury. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Manipulative Therapy, six visits for the cervical spine is not medically necessary and appropriate.