

Case Number:	CM15-0189203		
Date Assigned:	10/01/2015	Date of Injury:	02/17/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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 46 year old male, who sustained an industrial injury on 2-17-2014. The injured worker was diagnosed as having cervical-thoracic-lumbar sprain-strain, bilateral shoulder impingement with underlying right rotator cuff tear, bilateral lateral epicondylitis, bilateral wrist-hand-hip-ankle sprain-strain, right knee sprain-strain, visual disturbances, ringing in the ear, left inguinal hernia, abdominal pain, anxiety and depression, and insomnia. Treatment to date has included physiotherapy (at least 14 sessions), chiropractic (at least 30 sessions), therapeutic exercises (at least 46 sessions), and use of an interferential unit, mental health treatment, and medications. Currently (8-19-2015), the injured worker states, "The prescribed medications, use of IF 4 unit at home and chiropractic treatments are providing him relief of symptoms". Subjective complaints were listed as headache, neck pain, and upper and lower back pain, bilateral shoulder and elbow pain, bilateral wrist-hand-finger pain, bilateral hip-knee-ankle pain, groin pain, abdominal pain, difficulty with sleep and reduced daytime alertness, and depression with anxiety. The severity of his symptoms was not rated. Objective findings included multiple diagnostic testing results. Exam of the cervical spine noted tenderness, predominantly over the right paracervical musculature and full range of motion. Exam of the thoracic spine noted diffuse tenderness. Exam of the lumbosacral spine noted tenderness to palpation over the paralumbar musculature and positive straight leg raise on the right. Exam of the bilateral shoulders noted positive impingement sign bilaterally. Exam of the elbows-wrists-hands noted tenderness. Exam of the hips revealed tenderness and exam of the right knee noted tenderness to palpation of the lateral knee joint, positive McMurray's test, and full active range of motion. A

recent Utilization Review decision dated 8-28-2015 noted certification (between 8-20-2015 and 10-10-2015) for 4 chiropractic treatments to the neck, upper back, low back, right shoulder, and supervised exercises for the right knee (1x4). Medication use included Motrin, Omeprazole, Xanax, and KKGL cream. His work status was documented as "remain off work until 9-16-2015". He was to continue chiropractic, medications, interferential unit use (unspecified), and advised to do home exercises. The treatment plan included 4 continued chiropractic evaluation and treatments to the neck, upper back, low back, right shoulder and supervised exercises for the right knee, and 1 interferential unit for home use for the neck, back, right shoulder. On 8-31-2015 Utilization Review non-certified the requested continued chiropractic and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 continued chiropractic evaluation and treatments to the neck, upper back, low back, right shoulder and supervised exercises for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines supports chiropractic manipulation 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. It is unclear how many sessions have been completed to date; however, review indicates at least 30 sessions. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The 4 continued chiropractic evaluation and treatments to the neck, upper back, low back, right shoulder and supervised exercises for the right knee is not medically necessary and appropriate.

1 IF unit for home use for the neck, back, right shoulder: 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): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The 1 IF unit for home use for the neck, back, right shoulder is not medically necessary and appropriate.