

Case Number:	CM15-0198136		
Date Assigned:	10/16/2015	Date of Injury:	08/05/2014
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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, Illinois

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 70 year old male, who sustained cumulative industrial trauma injuries from 08-05-2004 - 08-05-2014. A review of the medical records indicates that the worker is undergoing treatment for cervical, lumbar and right shoulder sprain-strain, right elbow lateral and medial epicondylitis, rule out cervical radiculopathy, lumbar radiculopathy, bilateral wrist carpal tunnel syndrome and bilateral hand tenosynovitis. Subjective complaints (07-16-2015 and 08-13-2015) included headaches, neck, right shoulder, right elbow, bilateral wrist, hand, finger and low back pain. Objective findings (07-16-2015 and 08-13-2015) showed decreased range of motion of the cervical spine, lumbar spine, right shoulder, right elbow and bilateral wrists, tenderness to palpation of the right shoulder, right elbow, bilateral wrists and cervical and lumbar paraspinal muscles and decreased sensation to pinprick and light touch at the L4-S1 dermatomes bilaterally and C5-T1 dermatomes in the upper extremities. The treatment plan included orthopedic surgery consultation for the cervical spine and left wrist, continued acupuncture and chiropractic therapy for the right elbow and left wrist and continued pain medication. Subjective complaints (09-15-2015) included neck, low back, right shoulder, right wrist and hand pain. Objective findings (09-15-2015) included decreased and painful range of motion of the cervical spine, lumbar spine and right shoulder, tenderness of the cervical and lumbar paravertebral muscles and muscle spasms of the bilateral trapezii and cervical paravertebral muscles. The physician noted that the injured worker benefited from therapy but still hand pain and was being referred to a 2nd course of chiropractic-physiotherapy 1 x6. Treatment has included pain medication, multiple sessions of acupuncture, and multiple sessions of chiropractic therapy, 6 sessions of chiropractic-physiotherapy, shockwave therapy and PRP treatment. There was no evidence of objective functional improvement or significant pain relief

with prior chiropractic- physiotherapy. A utilization review dated 09-30-2015 non-certified requests for chiropractic sessions once a week for six weeks and physiotherapy once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions once a week for six weeks: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 08-05-2004 - 08-05-2014. The medical records provided indicate the diagnosis of cervical, lumbar and right shoulder sprain-strain, right elbow lateral and medial epicondylitis, rule out cervical radiculopathy, lumbar radiculopathy, bilateral wrist carpal tunnel syndrome and bilateral hand tenosynovitis. Treatments have included pain medication, multiple sessions of acupuncture, multiple sessions of chiropractic therapy, 6 sessions of chiropractic-physiotherapy, shockwave therapy. The medical records provided for review do not indicate a medical necessity for Chiropractic sessions once a week for six weeks. The medical records indicate the injured worker is being treated for multiple injuries in several parts of the body, but the request does not specify the body part that the treatment is being requested for. The MTUS passive chiropractic guidelines which follows the Manual therapy & manipulation guidelines recommends as follows: Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. The active chiropractic therapy guidelines follows the Chronic pain physical medicine guidelines that recommends fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program. Therefore, the requested treatment is not medically necessary because not only is there no documented lack of improvement with previous chiropractic care, the request is does not specify the body part that is to be treated.

Physiotherapy once a week for six weeks: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 08-05-2004 - 08-05-2014. The medical records provided indicate the diagnosis of cervical, lumbar and right shoulder sprain-strain, right elbow lateral and medial epicondylitis, rule out cervical radiculopathy, lumbar radiculopathy, bilateral wrist carpal tunnel syndrome and bilateral hand tenosynovitis. Treatments have included pain medication, multiple sessions of acupuncture, multiple sessions of chiropractic therapy, 6 sessions of chiropractic-physiotherapy, shockwave therapy. The medical records provided for review do not indicate a medical necessity for Physiotherapy once a week for six weeks. The records indicate the injured worker has had about six visits; therefore, additional six visits will exceed the recommended fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program, not medically necessary.