

Case Number:	CM15-0202444		
Date Assigned:	10/19/2015	Date of Injury:	12/05/2013
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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, New York, California
 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 applicant is a represented 55-year-old who has filed a claim for chronic knee, hip, neck, and low back pain reportedly associated with an industrial injury of December 12, 2013. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for 8 sessions of manipulative therapy and 8 sessions of physical therapy. The claims administrator referenced an August 21, 2015 office visit in its determination. On said August 21, 2015 office visit, the applicant reported multifocal complaints of low back, neck, bilateral upper extremity, and knee pain with derivative complaints of depression, anxiety, psychological stress, and insomnia. Additional manipulative therapy and physical therapy were sought. The applicant was apparently considering a knee arthroscopy, it was reported. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On an earlier note dated May 29, 2015, the applicant reported ongoing complaints of low back, knee, neck, and upper extremity pain. The applicant was seemingly asked to pursue continued chiropractic manipulative therapy. Work restrictions were endorsed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitations in place. On April 24, 2015, manipulative therapy was again endorsed, along with an ergonomic workstation evaluation. It was suggested (though not clearly stated) that the applicant was working with restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiro treatment, 8 visits 2 x 4 right knee & lumbar spine: 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.

Decision rationale: No, the request for 8 additional sessions of chiropractic manipulative therapy for the right knee and lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is deemed "not recommended" for the knee, i.e., one of the body parts for which it was requested. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that manipulative therapy in the chronic pain phase of treatment should be performed 1-2 visits every 4-6 months in the event of flares in applicants who have demonstrated a favorable response to the same in the past by achieving and/or maintaining successful return-to-work status. Here, thus, the request for 8 additional sessions of manipulative therapy represented treatment in excess of MTUS parameters. Therefore, the request was not medically necessary.

Continue physical therapy, 8 visits 2 x 4 right knee & lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Similarly, the request for 8 additional sessions of physical therapy for the low back and knee was likewise not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further note that the frequency of physical therapy treatment should be tapered and/or faded over time as claimants transition toward self-directed, home-based physical medicine. Here, multiple progress notes, referenced above, suggested that the applicant had already returned to work. It was not clearly stated why the applicant could not likewise transition to self-directed, home-based physical medicine without the lengthy formal course of therapy at issue. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals for such a lengthy, protracted course of therapy at this late stage in the course of the claim were not furnished. Therefore, the request was not medically necessary.