

Case Number:	CM15-0205763		
Date Assigned:	10/22/2015	Date of Injury:	02/05/2015
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 2-5-15. She reported neck and back pain. The injured worker was diagnosed as having neck pain, shoulder pain, and myofascial pain. Treatment to date has included at least 9 physical therapy visits, at least 5 chiropractic treatments, and medication including Alprazolam, Zorvolex, and Voltaren gel. Physical examination findings on 9-23-15 included diminished cervical range of motion in all planes. C5-T1 motor strength and sensation were intact. Paresthesias were noted in the C5 region and biceps, triceps, and brachioradialis reflexes were diminished bilaterally. Shoulder range of motion was painless and unrestricted. Hoffman's test was negative bilaterally. Right shoulder swelling and tenderness along the subacromial bursa and lateral shoulder was noted with positive Hawkins and Neer's signs. On 8-26-15 the treating physician noted physical therapy had been beneficial and she had been seeing some improvement. The most recent physical therapy progress report was dated 8-10-15 the most recent chiropractic progress report was dated 5-5-15. On 9-23-15, the injured worker complained of pain in the right shoulder and neck rated as 3-4 of 10. The treating physician requested authorization for additional physical therapy for the shoulder and cervical spine x8 and additional chiropractic therapy x6. On 9-30-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the shoulder and cervical spine Qty: 8: Upheld

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

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

Decision rationale: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Additional chiropractic therapy Qty: 6: 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: The California Chronic Pain Medical Guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal 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 functional improvement 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. 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. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However previous sessions have not produced documented objective improvements in pain and function. Therefore the request is not medically necessary.