

Case Number:	CM15-0220534		
Date Assigned:	11/13/2015	Date of Injury:	06/11/2014
Decision Date:	12/22/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 71-year-old female, who sustained an industrial injury on 6-11-2014. The injured worker was diagnosed as having left knee complex tear of the medial meniscus, left shoulder rotator cuff strain with impingement, cervical sprain and myofascitis, lumbar-sacrococcygeal sprain, bilateral primary osteoarthritis thumb, and right middle finger trigger finger-status post release. Treatment to date has included diagnostics, chiropractic, and medications. On 10-28-2015, the injured worker complains of feeling she was worse, reporting that she did not do much exercise due to being sick with asthma. She tried to walk more for exercise but noted more knee pain. She reported no change in pain to her thumbs. Pain was rated 2-4 out of 10 (unchanged from rating on 10-01-2015 and rated 3-5 out of 10 on 8-25-2015). Objective findings noted mild limp, 2+ paracervical spasm, trigger points in the traps and scalenes, limited cervical range of motion, mild tenderness left shoulder with weakness and positive impingement sign, limited left shoulder range of motion, tenderness to the left thumb, mild paralumbar spasm with positive facet loading maneuvers, limited lumbar range of motion, and tenderness to the left knee. The treating physician documented no response to the request "for the second course of chiro therapy for the neck and back or the course of OT for hand therapy." Work status was modified. The treatment plan included chiropractic and occupational therapy. Utilization Review previously certified 8 chiropractic treatments on 8-18-2015. At least 10 recent chiropractic sessions were noted (7-2015 to 9-2015). Prior OT notes were not submitted. On 11-03-2015, Utilization Review modified a request to chiropractic 6 visits (original request was for chiropractic 2x4) and non-certified a request for occupational therapy 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: 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 based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation ODG Neck and Upper Back (Acute& Chronic), Manipulation.

Decision rationale: Per the cited CA MTUS guidelines, manual therapy and manipulation is recommended for chronic pain, if caused by musculoskeletal conditions. It has been widely used in the treatment of musculoskeletal pain to achieve positive symptomatic or objective functional improvement. Manipulation of the low back is recommended for therapeutic trial, with a trial of 6 visits over 2 weeks, and evidence of objective functional improvement. It may also be indicated in cases of recurrence, but only after reevaluation and if the injured worker returned to work. MTUS does not discuss manipulation of the cervical spine. The ODG recommends manipulation as an option in acute low back pain without radiculopathy, and it may also be safe with good outcomes in those with chronic low back pain and in those with non-progressive radicular symptoms. The ODG further states that manipulation may be used for regional neck pain (9 visits over 8 weeks) and cervical nerve root compression with radiculopathy (trial 6 visits over 2-3 weeks). In the case of this injured worker, she has had previous chiropractic care (10), but the number of visits requested (8), based on the specific body parts, exceeds cited guidelines. Therefore, the request for chiropractic treatment lumbar and cervical spine for 2 times a week for 4 weeks is not medically necessary or appropriate.

Occupational therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: According to the cited CA MTUS guidelines, physical medicine for trigger finger status post-surgical intervention is 9 visits over 8 weeks with a treatment period of 4 months. In the case of this injured worker, the available treating provider notes through 10-28-2015 did not clarify the number of postoperative visits she had received for her right middle finger trigger finger release. Therefore, it would be assumed that she had received an appropriate number of occupational therapy visits, and barring clarification, should be able to adequately transition to a home exercise program. Thus, the request for occupational therapy 2 times a week for 4 weeks for the hand is not medically necessary or appropriate.