

<b>Case Number:</b>	CM15-0042123		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 30-year-old male who sustained a work related injury on September 26, 2013, after falling from a truck onto pipes and injuring his right rib cage and mid back area. Treatment included x rays, and pain medications. He was diagnosed with a contusion of the chest wall and thoracic sprain. Currently, the injured worker complained of chest wall pain and tenderness radiating into his mid back. He was diagnosed with a soft tissue injury of the thoracic spine and contusion to the right lateral chest wall. Authorization was requested for chiropractic and physiotherapy for 6 visits for the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic and physiotherapy times six visits for the thoracic spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Manual Therapy and Manipulation Page(s): 98-99, 58-59.

**Decision rationale:** This patient has a date of injury of 09/26/13 and presents with complaints of right lateral chest wall and right side mid-back pain. The Request for Authorization is not provided in the medical file. The current request is for CHIROPRACTIC AND PHSYIO-THERAPY TIMES SIX VISTIS FOR THE THORACIC SPINE. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The Utilization review denied the request stating that there is no clear objective improvement in ADLs, with chiropractic treatments. In this case, the treating physician has stated that the patient completed 12 chiropractic treatments with an increase in his functional activities, decrease in pain and decrease in work restrictions. MTUS allow for additional treatments if functional improvement is documented. Labor Code 979.20 (e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. Given the documentation of functional improvement with previous chiropractic treatment and no documentation of prior physical therapy, the requested 6 visits ARE medically necessary.