

Case Number:	CM15-0051689		
Date Assigned:	03/25/2015	Date of Injury:	11/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 65-year-old male who sustained a work related injury on November 28, 2014, incurring neck, right shoulder and right heel and foot injuries from repetitive motions. He was diagnosed with thoracic, cervical and lumbar disc disease and plantar fasciitis. Treatment included anti-inflammatory drugs, and chiropractic manipulation. Currently, the injured worker complained of constant neck pain and stiffness radiating into the right shoulder. The treatment plan that was requested for authorization included chiropractic supervised physical therapy for the back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic supervised physical therapy for back and neck quantity: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic therapy as a treatment modality. In general, this form of therapy is 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 re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the requested number of visits (8) exceeds the above cited MTUS recommendations. Further, there is insufficient documentation for a plan to assess objective evidence of functional improvement during the trial period of 6 visits over a 2 week period. In the Utilization Review process, the request was modified for approval of a lower number of sessions to allow for an assessment of outcomes. Therefore, for these reasons, chiropractic supervised physical therapy for the back and neck (#8) sessions is not considered as medically necessary.