

Case Number:	CM15-0051952		
Date Assigned:	03/25/2015	Date of Injury:	06/13/2013
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial injury on 06/13/2013. He has reported injury to the neck, shoulders, knee, and low back. The diagnoses have included cervical spine sprain/strain with radiculitis; lumbar spine sprain/strain with radiculitis; bilateral shoulder pain; bilateral knee pain; and status post left total knee replacement. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders. Objective findings included tenderness to palpation of the paraspinal muscles of the cervical spine, thoracic spine, and lumbar spine. The treatment plan has included continuation of prescription medications and conservative treatments. Request is being made for chiropractic treatment and physiotherapy for lumbar spine, 3 times weekly for 6 weeks (18 sessions); referral to pain management; and range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment and Physiotherapy for Lumbar Spine, 3 times weekly for 6 weeks (18 sessions): Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary. Additionally this request can be considered elective or maintenance chiropractic treatment given the time frame involved; this is specifically not supported by MTUS and again this is therefore not medically necessary.

Referral to Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation of other medical practitioners when there is a specific clinical question at hand with which the consulting provider can assist. The available records from the requesting practitioner are limited and do not clearly provide a rationale or clinical question supporting a reason for the requested pain management consultation. This request is not medically necessary.

ROM (range of motion) testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter (online).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM discusses recommendations for documenting a history and physical examination and subsequent specialized assessment of a work injury. A history and directed physical examination are an appropriate part of almost any work injury. Range of motion testing is part of a routine musculoskeletal physical examination and is not a distinct certifiable procedure. This request is not medically necessary.