

Case Number:	CM15-0080046		
Date Assigned:	05/01/2015	Date of Injury:	06/12/2009
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 6/12/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder arthroscopy, cervical disc protrusion and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, injections and medication management. In a progress note dated 1/5/2015, the injured worker complains of bilateral shoulder, cervical and back pain. The treating physician is requesting 12 visits of physical therapy for the right shoulder and 12 sessions of chiropractic care for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right shoulder 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Section Page(s): 98-99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker completed physical therapy and a trial of chiropractic care post industrial injury sustained in 2009. There has been no new documented evidence of acute injury and records state that she has reached maximal medical improvement for her conditions. There is no evidence of objective improvement from the previous physical therapy and chiropractic care visits. There is no documented reason why the injured worker cannot continue with rehabilitation in an at home exercise program. The request for additional physical therapy to the right shoulder 3x4 is determined to not be medically necessary.

Chiropractic treatment for the cervical spine 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the back 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 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The injured worker completed physical therapy and a trial of chiropractic care post industrial injury sustained in 2009. There has been no new documented evidence of acute injury and records state that she has reached maximal medical improvement for her conditions. There is no evidence of objective improvement from the previous physical therapy and chiropractic care visits. There is no documented reason why the injured worker cannot continue with rehabilitation in an at home exercise program. The request for chiropractic treatment for the cervical spine 3x4 is determined to not be medically necessary.

Chiropractic treatment for the lumbar spine 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the back 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 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The injured worker completed physical therapy and a trial of chiropractic care post industrial injury sustained in 2009. There has been no new documented evidence of acute injury and records state that she has reached maximal medical improvement for her conditions. There is no evidence of objective improvement from the previous physical therapy and chiropractic care visits. There is no documented reason why the injured worker cannot continue with rehabilitation in an at home exercise program. The request for chiropractic treatment for the lumbar spine 3x4 is determined to not be medically necessary.