

Case Number:	CM15-0081491		
Date Assigned:	05/04/2015	Date of Injury:	10/29/2012
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 36 year old female patient who sustained an industrial injury on 10/29/2012. The patient had initial complaint of acute onset of being struck went unconscious and awakening to the sensation of feeling dizzy, head hurt and she felt a big bump on the back of her head. She was seen and treated for a sprained neck with ice application and a course of physical therapy. A recent follow up visit dated 01/07/2015 reported the patient last working on 04/03/2013. She has current subjective complaint of pain in her head, neck, upper back, and lower back with radiation to her left lower extremity, left shoulder, and left elbow/forearm. In addition, she is with complaint of sleep difficulty and depression. The following diagnoses are applied: head contusion with post-concussion syndrome and headaches; sprain with musculo-ligamentous stretch injury cervical spine with traumatic cervical radiculitis; sprain with musculoligamentous stretch injury thoracic, lumbar spine with lumbar radiculitis; strain/sprain left shoulder rule out rotator cuff tear; strain/sprain left wrist with de Quervain's tenosynovitis strain/sprain left hand, and insomnia secondary to anxiety/depression. The plan of care involved: recommendation for electric nerve conduction study performed of all extremities, magnetic resonance imaging, physical therapy, neurology referral, psychiatric evaluation, chiropractic evaluation, lumbar belt and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Chiropractic Care.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic evaluations #4 to the neck, upper back and lower back and left shoulder are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are headaches; neck pain; upper back pain; lower back pain; left shoulder and arm pain; left elbow pain; left hand pain; bilateral leg pain with numbness and tingling on the left; depression, irritability, crying spells and loss of appetite with anxiety; difficulty falling asleep, daytime sleepiness and disruption of sleep-wake schedule. The documentation from a February 25, 2015 progress note shows the injured worker is already engaged in chiropractic treatment. The chiropractic treatment provides relief. Utilization review states the injured worker received four sessions of chiropractic therapy prior to the request. The treating provider requested an additional four sessions of chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. With objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be clinically indicated. The treating provider exceeded the recommended guidelines of a six visit clinical trial by requesting an additional four chiropractic sessions. There is no documentation in the medical record indicating objective functional improvement with the first set of chiropractic treatments. Consequently, absent clinical documentation with objective functional improvement referencing the initial chiropractic treatment, chiropractic evaluations #4 to the neck, upper back and lower back and left shoulder is not medically necessary.

8 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #8 physical therapy to the cervical, lumbar spine and left

shoulder with TENS, massage, ultrasound and hot packs are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are headaches; neck pain; upper back pain; lower back pain; left shoulder and arm pain; left elbow pain; left hand pain; bilateral leg pain with numbness and tingling on the left; depression, irritability, crying spells and loss of appetite with anxiety; difficulty falling asleep, daytime sleepiness and disruption of sleep-wake schedule. The treating provider requested eight sessions of physical therapy to the cervical, lumbar spine and left shoulder. The guidelines recommend a six visit clinical trial. The treating provider requested eight sessions in excess of the recommended guidelines. Additionally, the ACOEM does not recommend physical modalities such as heat/cold applications, massage or TENS. Consequently, absent compelling clinical documentation in excess of the recommended guidelines (a six visit medical trial) with guideline non-recommendations for passive physical modalities, #8 physical therapy to the cervical, lumbar spine and left shoulder with TENS, massage, ultrasound and hot packs are not medically necessary.

8 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #8 physical therapy to the left wrist and hand consisting of massage, range of motion exercises and paraffin bath are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are headaches; neck pain; upper back pain; lower back pain; left shoulder and arm pain; left elbow

pain; left hand pain; bilateral leg pain with numbness and tingling on the left; depression, irritability, crying spells and loss of appetite with anxiety; difficulty falling asleep, daytime sleepiness and disruption of sleep-wake schedule. A progress note dated February 25, 2015 shows the injured worker was already engaged in a physical therapy program. According to the utilization review, the injured worker received #4 physical therapy sessions prior to the request dated March 20, 2015. There is no objective functional improvement documented in the medical record. The guidelines recommend a six visit clinical trial. The treating provider requested an additional eight physical therapy sessions to the left wrist and hand. The total number is in excess of the recommended six visit clinical trial. Additionally, the ACOEM does not recommend physical modalities such as heat/cold applications, massage or TENS. Consequently, absent clinical documentation with objective functional improvement referencing the initial #4 physical therapy sessions and guideline non-recommendations for passive physical modalities, #8 physical therapy to the left wrist and hand consisting of massage, range of motion exercises and paraffin bath are not medically necessary.