

Case Number:	CM15-0084887		
Date Assigned:	05/07/2015	Date of Injury:	03/13/2014
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, 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 applicant is a represented 40-year-old who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of March 13, 2014. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for physical therapy, a permanent and stationary "exam and treatment," electrodiagnostic testing of bilateral upper extremities, and three sessions of chiropractic manipulative therapy. The claims administrator referenced an April 17, 2015 RFA form in its determination, along with a progress note dated March 17, 2015. The claims administrator stated that the applicant had received 24 sessions of acupuncture, 16 sessions of physical therapy, and 12 sessions of manipulative therapy through the date of the request. The applicant's attorney subsequently appealed. In a RFA form dated March 17, 2015, three sessions of chiropractic manipulative therapy, three sessions of physical therapy, electrodiagnostic testing, and the orthopedic permanent and stationary referral were sought. In an associated progress note of the same date, March 17, 2015, the applicant was described as having completed 24 sessions of acupuncture. The attending provider also suggested that the applicant had completed 24 sessions of chiropractic manipulative therapy. The attending provider ordered three additional sessions of chiropractic manipulative therapy. Electrodiagnostic testing of bilateral upper extremities was also sought. The attending provider did, however, state that the applicant had apparently had an abnormal [cervical] MRI, associated with radiating pain, weakness, tingling, and discomfort about the upper extremities. An orthopedic permanent and stationary evaluation was sought. The requesting provider was a

chiropractor (DC), it was acknowledged. The applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times three visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine page(s): 58-59, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines page(s): 99.

Decision rationale: No, the request for three sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 8-10 sessions of physical therapy for applicants with radiculitis, i.e., the operating diagnosis here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date of the request, March 17, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.

Chiropractic treatment times three visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 203, Chronic Pain Treatment Guidelines manual therapy & manipulation page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page(s): 59-60.

Decision rationale: Similarly, the request for three additional sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 17, 2015, suggesting that earlier chiropractic manipulative therapy was, in fact, unsuccessful. Therefore, the request for three additional sessions of chiropractic manipulative therapy was not medically necessary.

EMG/NCV Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 182, Chronic Pain Treatment Guidelines.

Decision rationale: Similarly, the request for electrodiagnostic testing of bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 22, EMG testing is "not recommended" for a diagnosis of nerve root involvement and findings of history, physical exam, and imaging study are consistent. Here, the requesting provider, a chiropractor (DC), wrote on March 17, 2015 that the applicant had abnormal [cervical] MRI imaging. The applicant's abnormal cervical MRI imaging, thus, appeared to account for the applicant's ongoing bilateral upper extremity radicular pain complaints, effectively obviating the need for the electrodiagnostic testing in question. Therefore, the request was not medically necessary.

Orthopedic P & S Exam and Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 112; Official Disability Guidelines, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management page(s): 92.

Decision rationale: Finally, the request for an orthopedic permanent and stationary (P&S) exam and treatment was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a chiropractor (DC), seemingly suggested that he was ill-equipped and/or uncomfortable and/or lacked the knowledge declare the applicant permanent and stationary. Obtaining the added expertise of a practitioner better equipped to declare the applicant permanent and stationary, including an orthopedist, was, thus, indicated. Therefore, the request was medically necessary.