

Case Number:	CM13-0063629		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2002
Decision Date:	05/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Chiropractic, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female who reported an injury on 12/12/02. The mechanism of injury was not provided for review. The injured worker was evaluated on 11/19/13. It was documented that the injured worker was status post C5-7 fusion surgery with ongoing neck and shoulder pain. Physical findings included tenderness to palpation throughout the left cervical spinal musculature, trapezius, and rhomboids with notable spasm. Evaluation of the cervical spine documented tenderness to palpation over the left cervical spine and trapezius with limited range of motion secondary to pain. It was noted that the injured worker had a positive left-sided Spurling's test. The injured worker's diagnoses included chronic postoperative pain, postlaminectomy syndrome of the cervical spine, cervical radiculitis, cervical spondylosis, cervicgia, pain in the soft tissue limbs, and insomnia. The injured worker's treatment plan included continuation of medications, a request for an electrodiagnostic study, physical therapy, chiropractic care, and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS TO THE NECK AND LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Due to the age of the injury, it would be expected that the injured worker would have participated in an adequate course of physical therapy previously. The California MTUS recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the injured worker is currently participating in a home exercise program. Therefore, 1-2 sessions of physical therapy would be appropriate for this patient to re-establish and re-educate her in a home exercise program. However, physical therapy sessions twice a week for eight weeks would be considered excessive. The California MTUS recommends up to 8-10 visits for radiculitis, myositis, myalgia, and neuralgia. There are no exceptional factors noted to extend treatment beyond guideline recommendations. As such, the requested physical therapy sessions are not medically necessary or appropriate.

12-16 SESSIONS OF CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The clinical documentation does not provide any evidence that the patient has previously received chiropractic care. The California MTUS recommends a trial of 6 visits of chiropractic care to establish efficacy of treatment. The requested 12-16 sessions are in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Also, the request as it is submitted does not identify a body part for treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested 12-16 sessions of chiropractic treatment are not medically necessary or appropriate.