

<b>Case Number:</b>	CM14-0095619		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is a male with date of injury 1/2/2014. Per primary treating physician medical re-evaluation dated 6/23/2014, the injured worker reports he finds therapy to be helpful, yet remains symptomatic. On examination he is no distress with normal affect and a normal gait. Cervical spine has tenderness to palpation of the paraspinals, suboccipitals and upper trapezius muscles bilaterally, right greater than left. Range of motion of the cervical spine is slightly less than normal. Compression and Spurling's tests are negative, distraction test is positive. He has tenderness to palpation of the bilateral upper trapezius muscles and rhomboids, as well as tenderness to palpation of the rotator cuff, bicipital groove, and glenohumeral joint on the right. Right shoulder range of motion is slightly less than normal. Impingement is positive. Neer's and Hawkin's tests are negative, but do aggravate the pain. There is tenderness to palpation to the anterior tibialis muscle as well as of the plantar fascia. Range of motion of the ankle/foot is within normal limits. Diagnoses include 1) cervical spine strain/sprain 2) right upper extremity radiculitis 3) right shoulder impingement syndrome 4) right plantar fasciitis 5) right peroneal tendonitis 6) right ankle strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions, right ankle/foot #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical therapy.

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

**Decision rationale:** Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions, however it is not recommended for ankle and foot. The request for Chiropractic sessions, right ankle/foot #12 is not medically necessary.

**Physical therapy sessions, right ankle/foot #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 reports that he finds therapy helpful, however he is still symptomatic. It is not clear how many sessions of physical therapy he has already had, or that he has implemented a home exercise program. Besides the report that therapy is helpful, there is no change in physical exam. Functional improvement is not discussed. The number of sessions of therapy are also in excess of those recommended by the MTUS Guidelines and necessity beyond these recommendations is not established by the current medical reports. The request for Physical therapy sessions, right ankle/foot #12 is determined to not be medically necessary.