

Case Number:	CM14-0161651		
Date Assigned:	01/07/2015	Date of Injury:	09/18/2007
Decision Date:	02/05/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with an injury date of 09/18/07. Based on 07/10/14 progress report provided by the treating physician, the patient complains of constant bilateral wrist pain rated 5-6/10, with numbness, tingling, and pain to the hands and fingers. Patient also complains of burning, radicular low back pain rated 5-6/10. The patient is status-post arthroscopic surgery to the right knee 12/10/99, and status-post lumbar spine steroid injections in 2012. Physical examination of the wrists on 07/10/14 revealed tenderness to palpation over the carpal bones and over the thenar eminence. Range of motion was decreased bilaterally, especially on flexion and extension. Examination of lumbar spine on 07/10/14 revealed tenderness to palpation over the quadratus lumborum and over the bilateral PSIS's. Additionally, iliac compression caused pain on the left side and straight leg test increased pain at 45 degrees on the left side. Range of motion was decreased, especially on flexion 30 degrees, and extension 20 degrees. Patient's medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. Per treater report dated 08/15/14, patient states that conservative methods such as physical therapy, acupuncture, stretching and modification of ADL's improved her symptoms. Diagnosis 08/15/14- Pain in bilateral wrists- Low back pain- Radiculopathy, lumbar region- Pain in bilateral knee- Right knee internal derangement- Pain in bilateral ankle and joints of bilateral foot- Plantar fascial fibromatosis The utilization review determination being challenged is dated 09/23/14. The rationale follows: 1) "Regarding the request for physical therapy 3 times per week for 6 weeks for lumbar spine and bilateral wrists...the claimant has been treated with physical therapy, however, there is no documentation of objective and functional improvement from prior care... The number of physical therapy visits completed to date is not known... though the AME report dated 11/08/12 recommended future medical care of

no more than 18 visits per year, it was directed only for the lower back and shoulder following exacerbation... the medical necessity of physical therapy for the lumbar spine, bilateral wrists... is not established..."2) "Regarding the request for chiropractic treatment 3 times per week for 6 weeks for lumbar spine and bilateral wrists... the claimant has been treated with chiropractic adjustments and reports reduced pain from care. However, the objective and functional gains of treatment are not documented... There is no mention of acute exacerbation of symptoms resulting in significant decline in function to support the AME recommendation... Furthermore there is no indication that a home exercise program would be insufficient to address the ongoing complains and symptoms... the medical necessity of chiropractic treatment for the lumbar spine and bilateral wrists... is not established."Treatment reports from 07/08/14 to 09/23/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the lumbar spine, and bilateral wrists:
Upheld

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

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

Decision rationale: The patient presents with constant bilateral wrist pain rated 5-6/10 with numbness, tingling, radiating to the hands and fingers; and constant burning, radicular low back pain rated 5-6/10. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE AND BILATERAL WRISTS. The patient is status-post lumbar spine steroid injections in 2012. The patient's diagnosis included lumbar radiculopathy, and history of low back pain. Patient's medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. Per treater report dated 08/15/14, patient states that conservative methods such as physical therapy, acupuncture, stretching and modification of ADL's improved her symptoms.MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per treater report dated 08/15/14, patient states that conservative methods such as physical therapy, chiropractic adjustments, acupuncture, stretching and modification of ADL's improved her symptoms. Patient has had physical therapy before, however treatment history has not been discussed, and there is no documentation of objective improvement in function, as required by MTUS. Furthermore, the requested 18 sessions exceed what is allowed by guidelines. Therefore, this request is NOT medically necessary.

Chiropractic treatment 3 times a week for 6 weeks for the lumbar spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58-59.

Decision rationale: The patient presents with constant bilateral wrist pain rated 5-6/10 with numbness, tingling, radiating to the hands and fingers; and constant burning, radicular low back pain rated 5-6/10. The request is for **CHIROPRACTIC TREATMENT 3 TIMES PER A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE AND BILATERAL WRISTS**. The patient is status-post lumbar spine steroid injections in 2012. The patient's diagnosis included lumbar radiculopathy, and history of low back pain. Patient's medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58, 59) "Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." Per treater report dated 08/15/14, patient states that conservative methods such as physical therapy, chiropractic adjustments, acupuncture, stretching and modification of ADL's improved her symptoms. Patient has had chiropractic treatment for the lumbar spine and wrists, however treatment history has not been discussed and there is no documentation of objective improvement in function, as required by MTUS. Furthermore, the requested 18 sessions exceed what is allowed by guidelines. Therefore, this request is NOT medically necessary.