

Case Number:	CM15-0016065		
Date Assigned:	02/04/2015	Date of Injury:	09/11/2012
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on September 11, 2012. The diagnoses have included herniated cervical disc with radiculopathy, right shoulder impingement and right thumb osteoarthritis. A progress note dated December 23, 2014 for hand therapy notes decreased range of motion (ROM) and functional use with pain rated 3/10 at rest and 9/10 with activity. A progress note from August 11, 2014 provides the injured worker continues to have cervical radiating to the wrist. On January 21, 2015 utilization review non-certified a request for physical therapy quantity 12 and chiropractic services with modalities and exercises quantity 12. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 12: Upheld

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

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

Decision rationale: This patient presents with right shoulder, right wrist, and neck pain that radiates down to the right arm and to the thumb. The current request is for physical therapy qty: 12. The MTUS Guidelines page 98 and 99 regarding physical medicine recommends 9 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The medical file provided for review indicates the patient underwent 5 physical therapy sessions between 03/17/2014 and 03/27/2014. The patient then underwent 2 additional sessions on 07/29/2014 and 08/01/2014. The treating physician noted that the patient has improved with physical therapy. In this case, given the patient's continued complaints of pain and documented improvement with prior physical therapy, a short course of 2 to 3 additional sessions may be warranted. The treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional 12 sessions is not medically necessary.

Chiropractic services with Modalities and Exercises QTY: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with right shoulder, right wrist, and neck pain that radiates into the right arm and thumb. The current request is for chiropractic services with modalities and exercises qty: 12. The utilization review denied the request stating that there is no documentation of maintained increased function or decrease in pain with a previous chiropractic treatment. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The Utilization review denied the request stating that there was insufficient documentation of measurable and functional improvement on examination to support continued use. The medical reports provided for review does not discuss prior chiropractic treatment. Review of AME report dated 07/10/2014 indicates the patient has participated in extensive physical therapy for an injury dating back 09/11/2012, but there was no discussion regarding prior chiropractic treatment. Given the patient's continued complaints of pain and a lack of documentation of any recent chiropractic treatment, the requested 12 sessions is supported by MTUS Guidelines. This request is medically necessary.