

Case Number:	CM15-0019709		
Date Assigned:	02/09/2015	Date of Injury:	07/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male with an industrial injury dated 09/01/1988 to 07/12/2012. On 11/12/2014 he presented for follow up complaining of headaches, neck, back and bilateral knee pain. Physical exam revealed 2-3 tenderness to palpation over the paraspinal muscles with restricted range of motion. There was also grade 2-3 tenderness to palpation over the thoracic and lumbar spine, bilateral wrists, hands and knees. The injured worker states chiropractic therapy helps to decrease pain and tenderness. He indicates that his activities of daily living and function have improved by 10% with chiropractic therapy. Prior treatments include medications, lumbar epidural, extracorporeal shockwave treatment and acupuncture. The complaint had previously completed 11 sessions of chiropractic therapy and an unknown amount of physical therapy since 2013. Diagnoses were head pain, cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic and lumbar spine musculoligamentous strain/sprain with lumbar radiculitis and discogenic disease, bilateral wrist strain/sprain rule out bilateral wrist carpal tunnel syndrome and bilateral knee strain/sprain, rule out bilateral knee meniscal tear. On 01/05/2015 the request for 12 additional chiropractic and physical therapy sessions was non-certified by utilization review. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Chiropractic Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Official Disability Guidelines (ODG), MTUS Chiropractic

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. The total of the 12 additional and the 11 prior sessions exceeds the amount recommended by the guidelines. As a result additional chiropractor therapy is not necessary.

Additional Physical Therapy Sessions: 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 physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks In this case, the claimant had an unknown amount of physical therapy sessions in the past. There was no indication that the claimant cannot complete the therapy session at home. The amount of sessions requested is not specified. The request is not medically necessary.