MAXIMUS Federal Services

Case Number:	CM15-0114611		
Date Assigned:	06/22/2015	Date of Injury:	03/24/2014
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained an industrial injury on March 24, 2014. She has reported orthopedic injuries and has been diagnosed with orthopedic injuries. Treatment has included medical imaging, injections, medications, modified work duty, and physical therapy. There was no costovertebral angle tenderness. There was a removable brace on the right knee. The treatment request included physical therapy, chiropractic treatment, and pain medicine, initial consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twelve (12) sessions (2 x 6), thoracic spine, lumbar spine, bilateral knee and right wrist/hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for upper and lower back pain, bilateral knee pain, and right wrist and hand pain. No abnormal physical examination findings are reported. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. No particular therapeutic content or therapy goals are identified. The request is not medically necessary.

Chiropractic treatment, twelve (12) sessions (2 x 6), thoracic spine, lumbar spine, bilateral knee and right wrist/hand: 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 & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for upper and lower back pain, bilateral knee pain, and right wrist and hand pain. No abnormal physical examination findings are reported. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. The request was not medically necessary. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury or change in either symptoms or physical examination findings. The reason for the consultations is not described and is not medically necessary.

Pain medicine, initial consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p 127.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for upper and lower back pain, bilateral knee pain, and right wrist and hand pain. No abnormal physical examination findings are reported. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury or change in either symptoms or physical examination findings. The reason for the consultations is not described and is not medically necessary.