

Case Number:	CM15-0116344		
Date Assigned:	06/25/2015	Date of Injury:	02/17/2014
Decision Date:	10/08/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational Medicine

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 46 year old male, who sustained an industrial injury on 2/17/2014. He reported pain in the shoulders, neck, low back, knees and ankles. Diagnoses have included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain with disc herniation, left shoulder sprain/strain, bilateral lateral epicondylitis, bilateral wrist/hand sprain/strain, bilateral hip sprain/strain, right knee sprain/strain, bilateral ankle sprain/strain and anxiety and depression. Treatment to date has included chiropractic treatment, physiotherapy, interferential unit and medication. According to the progress report dated 11/7/2014, the injured worker complained of neck pain, low back pain, right shoulder pain, bilateral elbow pain, bilateral wrist and hand pain, bilateral hip and knee pain, bilateral ankle and foot pain, abdominal pain, inguinal pain and blurry vision. He was noted to have received fourteen sessions of physiotherapy, fifteen sessions of chiropractic therapy and twenty-three sessions of therapeutic activities from that facility. Exam of the cervical spine revealed tenderness to palpation over the right paracervical musculature. There was diffuse tenderness over the thoracic spine. Exam of the lumbar spine revealed tenderness to palpation and positive straight leg raise on the right. There was tenderness over the knee joints. Authorization was requested for retrospective requests for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 1/6/15 - 1/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 1/6/15 - 1/27/15) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (7 sessions provided between 7/24/14 - 8/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities

continued to the neck, upper back, low back, right shoulder and right knee (7 sessions provided between 7/24/14 - 8/14/14) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (1 session provided on 2/3/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (1 session provided on 2/3/15) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 11/11/14 - 11/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be

continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 11/11/14 - 11/25/14) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (7 sessions provided between 10/14/14 - 11/4/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (7 sessions provided between 10/14/14 - 11/4/14) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 12/11/14 - 12/30/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy,

7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (4 sessions provided between 12/11/14 - 12/30/14) is not medically necessary.

Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (5 sessions provided between 8/19/14 - 9/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 14 sessions of physiotherapy, 7 sessions of chiropractic therapy and 4 sessions of therapeutic activities. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Retrospective request for therapeutic activities continued to the neck, upper back, low back, right shoulder and right knee (5 sessions provided between 8/19/14 - 9/11/14) is not medically necessary.