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| Case Number: | CM15-0121482 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 09/28/2011 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 September 28, 2011. The injured worker reported neck, right shoulder and back injuries due to physical assault. The injured worker was diagnosed as having chronic right tennis elbow. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included cervical, elbow and lumbar surgery. The record documents swallowing difficulty and the sensation of something stuck in her throat after cervical surgery. A progress note dated May 20, 2015 provides the injured worker complains of temporomandibular joint pain and headaches. Physical exam notes elbow tenderness with decreased range of motion (ROM), decreased strength and effusion. The plan includes swallowing therapy, chiropractic therapy, radiograph swallowing study, dental evaluation and allergy specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Swallowing Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, referral swallow therapy is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is right chronic tennis elbow. The date of injury is September 28, 2011. The injured worker's subjective complaints are TMJ syndrome and headache. The injured worker had cervical spine surgery in 2008 and states difficulty swallowing since the surgery. There is no documentation in the progress notes from the date of surgery prior to the April 6, 2015 [REDACTED] indicating the injured worker had complaints of dysphasia (difficulty swallowing). According to an agreed upon medical examination [REDACTED] by the treating otolaryngologist, the injured worker has dysphasia secondary to nerve damage from cervical disc surgery. The treating provider requested swallow therapy, allergy specialist, radiographic swallow study with video esophagram and a dental evaluation and chiropractic evaluation. Swallow therapy was denied, but the modification included speech therapy evaluation, radiographic swallow study, dental evaluation and consult and allergy specialist evaluation. There is no documentation of aspiration or weight loss. The request was modified to include a swallow study, speech therapy evaluation, and allergy specialist and a dental evaluation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, referral swallow therapy is not medically necessary.

Chiropractic Treatment with Modalities and Exercises 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic treatment with modalities and exercises two times per week than six weeks are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnosis is right chronic tennis elbow. The injured worker's subjective complaints are TMJ syndrome and headache. The injured worker had cervical spine surgery in 2008 and states

difficulty swallowing since the surgery. There is no documentation in the progress notes from the date of surgery prior to the April 6, 2015 [REDACTED] indicating the injured worker had complaints of dysphasia (difficulty swallowing). The treating provider requested chiropractic treatment with exercises and modalities two times per week for six weeks. The request is not specified anatomical region to be treated, although the elbow is the likely region. There is no documentation in the medical record of prior chiropractic treatment with objective functional improvement. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement, additional chiropractic treatment may be clinically indicated. The treating provider requested 12 sessions in excess of the recommended guidelines. Consequently, absent clinical documentation of prior chiropractic treatment, the region to be treated, a request 12 sessions in excess of the recommended 6 visit clinical trial, chiropractic treatment with modalities and exercises two times per week than six weeks (12 sessions) are not medically necessary.