MAXIMUS Federal Services

Case Number:	CM15-0122660		
Date Assigned:	07/13/2015	Date of Injury:	03/12/2009
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This is a 47-year-old female with a March 12, 2009 date of injury. A progress note dated June 12, 2015 documents subjective complaints (cervical spine pain rated at a level of 6/10; right shoulder pain rated at a level of 9/10), objective findings (decreased range of motion of the cervical spine and right shoulder; decreased strength of the right upper extremity), and current diagnoses (cervical sprain; thoracic sprain; right shoulder sprain). Treatments to date have included physical therapy, medications, imaging studies, electro diagnostic studies, and surgery. The treating physician documented a plan of care that included chiropractic treatment in conjunction with physical therapy, and a follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation in conjuction with PT, consisting of infrared treatment & myofascial release x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic manipulation in conjunction with physical therapy consisting of infrared treatment and myofascial release times four 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. (Physical therapy) Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are cervical sprain; thoracic sprain; and right shoulder sprain rule out rotator cuff tear. Date of injury is March 12, 2009. Request for authorization was dated June 15, 2015. The injured worker underwent a right shoulder arthroscopy and was authorized 12 postoperative physical therapy sessions according to a November 2014 progress note. The injured worker reportedly reinjured the right shoulder and sustained a recurrent rotator cuff tear. The treating orthopedist January 2015 requested a second shoulder arthroscopy that was denied. The injured worker received six chiropractic manipulative sessions. There is no documentation indicating or demonstrating objective functional improvement with the first six chiropractic actions. Other than the 12 physical therapy sessions dating back to November 2014, there is no additional documentation demonstrating objective functional improvement with physical therapy. According to the May 8, 2015 and June 2, 2015 progress notes by the treating chiropractor, the injured worker has pain in the right shoulder and cervical spine. Objectively there was decreased range of motion and weakness in the right upper extremity. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as infrared treatment and myofascial release. Additionally, there is no clinical rationale in the medical record for infrared treatments or myofascial release. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and absent clinical documentation demonstrating objective functional improvement with prior chiropractic treatment and physical therapy with a clinical rationale for modalities, chiropractic manipulation in conjunction with physical therapy consisting of infrared treatment and myofascial release times four are not medically necessary.

Follow-up office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow up office visit is not medically necessary. 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 medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence. In this case, the injured worker's working diagnoses are cervical sprain; thoracic sprain; and right shoulder sprain rule out rotator cuff tear. Date of injury is March 12, 2009. Request for authorization was dated June 15, 2015. The injured worker underwent a right shoulder arthroscopy and was authorized 12 postoperative physical therapy sessions according to a November 2014 progress note. The injured worker reportedly reinjured the right shoulder and sustained a recurrent rotator cuff tear. The treating orthopedist January 2015 requested a second shoulder arthroscopy that was denied. The injured worker received six chiropractic manipulative sessions. There is no documentation indicating or demonstrating objective functional improvement with the first six chiropractic actions. Other than the 12 physical therapy sessions dating back to November 2014, there is no additional documentation demonstrating objective functional improvement with physical therapy. The treating chiropractor is requesting a follow-up visit with [redacted] (treating orthopedist). There is no clinical rationale in the medical record for this specific follow-up office visit. The treating orthopedist should submit clinical documentation with a clinical indication and rationale based on an individual case review and reassessment. Based on the clinical information the medical record in the peer-reviewed evidence-based guidelines, follow-up office visit is not medically necessary.