

Case Number:	CM15-0033662		
Date Assigned:	03/04/2015	Date of Injury:	10/29/2014
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who sustained an industrial injury on 10/29/2014. Current diagnoses include neck strain/sprain, lumbosacral sprain/strain, right shoulder sprain/strain, and right elbow contusion. Previous treatments included medication management and physical therapy. Report dated 12/12/2014 noted that the injured worker presented for follow-up. Pain level was rated as 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for restrictive range of motion. Utilization review performed on 02/11/2015 non-certified a prescription for 12 sessions over 4 weeks to include electrical muscle stimulation to the right shoulder, infrared to the cervical spine and lumbar spine, chiropractic manipulative therapy for the cervical spine and lumbar spine, massage to the right shoulder and right elbow and therapeutic activities to the right shoulder, and wall climbs, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Massage therapy Physical medicine Page(s): 58-59, 60, 98-99.

Decision rationale: The 2/11/15 Utilization Review letter states the Physical medicine procedure (12 sessions over 4 weeks, chiropractic with electrical stim, infrared and massage) requested on the 12/30/14 medical report was denied because there was no functional benefit with the prior 9 sessions of therapy. The 12/30/14 report was not provided for this review. The 12/03/14 reports states the patient has no improvement and still has 10/10 neck and left shoulder and elbow pain. There is also low back pain. The 12/12/14 report states there is improvement 100%, but the pain is still 10/10. The plan was to continue PT. There is an 11/19/14 report that states the patient has no improvement, and the plan was to continue PT as scheduled. The request presented to IMR is for "Physical medicine procedure". This is non-specific, but on reviewing the UR letter, it is for continued chiropractic care with PT modalities and massage. The patient has already had 9 sessions of therapy without functional improvement. MTUS Chronic Pain Medical Treatment Guidelines, page 58 section on Manual therapy & manipulation for Low back states: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The request is not in accordance with MTUS guidelines. The request exceeds the MTUS recommendations for chiropractic care, PT, and massage. Furthermore, the patient is reported to have had 9 sessions previously without any documented functional improvement. The request for "Physical medicine procedure" is not medically necessary.