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| Case Number: | CM15-0066352 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 05/22/2008 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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, 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 58 year old female so sustained an industry injury on 05/22/08. Initial diagnoses and complaints are not available. Treatments to date include acupuncture, medications, injections, and chiropractic care. Diagnostic studies include MRIs. Current complaints include neck, right shoulder, and right wrist pain. Current diagnoses include chronic cervical, thoracic, and lumbar enthesopathy and facet injury, chronic right shoulder, whist, and finger pain; cervical disc bulge, and chronic left shoulder pain. In a progress note dated 05/16/14 the treating provider reports the plan of care as home exercise program and continued unspecified treatments 2 times a week for 4 weeks. The requested treatments include chiropractic treatments, orthopedic surgery consultation, cervical traction unit, and health spa/rehabilitation for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for neck and back, elbow and wrist qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, the Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding manual therapy & manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined". In the case of this injured worker, there is no comprehensive summary of chiropractic to date or functional benefit from prior chiropractic treatment. There is indication that the patient has suffered a flare-up of back pain on 5/14/14, but since this care appears to re-initiated for the sake of a flare-up, it should following the guideline recommendation which specify for an initial trial of up to 6 visits. Given these factors, this request is not medically necessary.

Referral to orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise". Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Although the patient continues with chronic

musculoskeletal back and neck pain, there is no progress note identified which states the rationale for orthopedic consultation. Thus this request is not medically necessary.

Cervical traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Within the documentation available for review, there is no indication that the patient has undergone a trial of cervical traction with identification of objective functional improvement. The current request for traction is open ended with no duration specified. Guidelines do not support the open ended application of cervical traction unless there has been documentation of objective functional restoration during a 2 to 3 week trial period. In the absence of clarity regarding those issues, the currently requested cervical traction is not medically necessary.

Health spa/rehabilitation for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Furthermore, the time course of rehabilitation would be less than 3 months without first demonstrating functional benefit at an earlier interval. With regard to the health spa x 3 month request, the ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Therefore, the current request is not medically necessary.

