

Case Number:	CM15-0071229		
Date Assigned:	04/21/2015	Date of Injury:	10/31/2000
Decision Date:	07/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, 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 applicant is a represented 65-year-old who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of October 31, 2000. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for chiropractic manipulative therapy, therapeutic exercise, and traction. The claims administrator referenced a RFA form dated March 17, 2015 in its determination. The applicant's attorney subsequently appealed. The applicant had received extensive manipulative therapy over the course of the claim, including on April 30, 2013, May 14, 2013, May 20, 2013, and June 11, 2013, it was incidentally noted on several historical manipulative therapy notes on file. Additional manipulative therapy was sought on July 9, 2013. In a RFA form dated March 17, 2015, chiropractic manipulative therapy of the spine, shoulder, physical therapy, and cervical traction were sought. In a handwritten Doctor's First Report (DFR), not clearly dated, appears to have been associated with the March 17, 2015 RFA form, the applicant reported ongoing complaints of neck, low back, and shoulder pain. The applicant was asked to pursue manipulative therapy, therapeutic exercise, and traction while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine (CMT) 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the spine was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work as of the date of the request. It did not appear, in short, that earlier chiropractic manipulative therapy had proven successful here. Therefore, the request for an additional 12 sessions of manipulative therapy was not medically necessary.

Right shoulder CMT 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Similarly, the request for 12 sessions of chiropractic manipulative therapy for the shoulder was likewise not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulative therapy for the shoulder, the body part in question here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation by manual therapist has been described as effective for applicants with frozen shoulders, here, however, there was no mention of the applicant's having issues with a suspected frozen shoulder on or around the date of the request, March 17, 2015. It did not appear that a frozen shoulder or adhesive capsulitis was the operating diagnosis here insofar as the right shoulder was concerned. ACOEM Chapter 9, page 203 also notes that the period of treatment for manipulative therapy for the shoulder is limited to a few weeks as results diminish over time. Here, the applicant had received extensive manipulative therapy over the course of the claim, including as early as 2013. The applicant had, however, failed to respond favorably to the same as evinced by the applicant's failure to return to work, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior chiropractic manipulative therapy for various body parts, including the shoulder. Therefore, the request for additional chiropractic manipulative therapy for the shoulder was not medically necessary.

Therapeutic Exercise 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Similarly, the request for 12 sessions of therapeutic exercise was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work as of the date of the request, March 17, 2015, suggesting that earlier physical therapy/therapeutic exercise was, in fact, ineffectual in terms of the functional improvement measures established in MTUS 9792.20e. Therefore, the request was not medically necessary.

Cervical spine traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for cervical spine traction was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed not recommended as part of evaluation and management of neck and upper back pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of a claim. Here, thus, the request for 12 sessions of traction, coupled with a concurrent 12 sessions of chiropractic manipulative therapy, runs counter to the philosophy to employ passive modalities sparingly set forth on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.