

Case Number:	CM15-0077283		
Date Assigned:	04/28/2015	Date of Injury:	08/31/2012
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 62 year old female who sustained an industrial injury on 08/31/12. Initial complaints and diagnoses are not available. Treatments to date include mediations. Diagnostic studies are not addressed. Current complaints include hip, neck, ankle, hands and finger pain. Current diagnoses include cervical spine musculoligamentous injury with discopathy, bilateral wrist sprain, thoracic and lumbar spine sprain/strain, bilateral shoulders and knees sprain/strain, right hip strain, bilateral and pain, and stress, anxiety and depression. In a progress note dated 04/13/15 the treating provider reports the plan of care as physical therapy and chiropractic care, internal medicine evaluation, well as medications including pantoprazole, cyclobenzaprine, and tramadol. The requested treatments are physical therapy and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 For Rue/Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The physical medicine and rehabilitation dated January 20, 2015 documented that the patient had a date of injury August 8, 2012. The patient started a course of physical therapy that lasted 24 sessions. The patient was treated with chiropractic care. The patient had 24 visits. The chiropractic report dated 12/29/14 documented the performance of manipulation, manual therapy, massage, infrared, electrostimulation, and therapeutic exercise. The initial physical therapy report dated 1/6/15 documented the treatment plan for 2 visits a week for 4 weeks. The primary treating physician's progress report dated 4/13/15 did not document functional improvement with past chiropractic and PT physical therapy. The 4/13/15 progress report documented the treatment plan to continue physical therapy 1x6 and continue chiropractic 1x6. Medical records indicate the patient had 24 visits of physical therapy and 24 visits of chiropractic with the initial injury in 2012. The patient had courses of physical therapy and chiropractic in 2015. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. No functional improvement was documented in the 4/13/15 progress report. The request for additional PT physical therapy visits would exceed MTUS guidelines, and is not supported. Therefore, the request for additional physical therapy visits is not medically necessary.

Chiropractic Care 2x6 For Cervical, Lumbar, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 98-99, 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective improvement functional improvement. Manipulation

is a passive treatment. MTUS treatment parameters indicate the time to produce effect is 4 to 6 treatments. The physical medicine and rehabilitation dated January 20, 2015 documented that the patient had a date of injury August 8, 2012. The patient started a course of physical therapy that lasted 24 sessions. The patient was treated with chiropractic care. The patient had 24 visits. The chiropractic report dated 12/29/14 documented the performance of manipulation, manual therapy, massage, infrared, electrostimulation, and therapeutic exercise. The initial physical therapy report dated 1/6/15 documented the treatment plan for 2 visits a week for 4 weeks. The primary treating physician's progress report dated 4/13/15 did not document functional improvement with past chiropractic and PT physical therapy. The 4/13/15 progress report documented the treatment plan to continue physical therapy 1x6 and continue chiropractic 1x6. Medical records indicate the patient had 24 visits of physical therapy and 24 visits of chiropractic with the initial injury in 2012. The patient had courses of physical therapy and chiropractic in 2015. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. No functional improvement was documented in the 4/13/15 progress report. The request for additional chiropractic visits would exceed MTUS guidelines, and is not supported. Therefore, the request for additional chiropractic visits is not medically necessary.