

Case Number:	CM15-0090302		
Date Assigned:	05/14/2015	Date of Injury:	09/10/2014
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 (IW) is a 40-year-old female who sustained an industrial injury on 09/10/2014. She reported injury to her neck and back. The injured worker was diagnosed as having cervical intervertebral disc disorder without myelopathy, cervical radiculopathy, and cervical sprain/strain, lumbar intervertebral disc disorder without myelopathy, sciatica and shoulder tendinitis with impingement syndrome, bilateral elbows/forearm sprain/strain, tendonitis, left knee, sprain/strain, tendonitis, rule out derangement, depression and anxiety disorder. Treatment to date has included 23 treatments of acupuncture. At the exam of 02/12/2015, the injured worker had pain in the neck, mid and lower back that had shown a slight decrease in pain but was still frequent in occurrence and moderate to severe in intensity. The MRI of her left knee showed a tear of the medial meniscus and an orthopedic exam and evaluation was indicated. The documentation on 02/12/2015 noted her ranges of motion, pain levels and duration of pain to be slightly improved and requested 8 additional acupuncture visits at that time. The continuation of 8 additional visits were again requested on 04/20/2015 for: Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the cervical, thoracic and lumbar spine; Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the bilateral shoulders; Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the bilateral elbows/forearms; Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the left knee. No significant changes in the client condition were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain affecting the neck, mid and low back. The current request is for Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the cervical, thoracic and lumbar spine. The treating physician report dated 4/20/15 (18B) states, "(The patient's) response to Acupuncture has been satisfactory. Her ranges of motion, pain levels and the duration of pain have slightly improved. Therefore, I am requesting authorization for a return to Chiropractic care, Physiotherapy and Therapeutic Exercises, 2 times per week, for 2 weeks. If her progress continues, continue treatments, 2 times per week, for 2 additional weeks, totaling 8 visits of Chiropractic care, for the next 30 days." The MTUS states the following regarding manual manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions." The guidelines go on to state the following regarding manual manipulation of the low back: "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." The medical reports provided indicate that the patient has received chiropractic care previously, although it is unclear the quantity of sessions that were received. In this case, the patient has received an unknown number of chiropractic sessions previously so it is uncertain if the current request for 8 sessions would exceed the recommendation of 18 visits. Furthermore, the request for an additional 8 visits with documentation of functional improvement from prior chiropractic sessions is not supported. The current request does not satisfy the MTUS guidelines as outlined on page 58. Therefore, the request is not medically necessary.

Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the bilateral shoulders: 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 (ODG), shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-59.

Decision rationale: The patient present with pain affecting the neck, mid and low back. The current request is for Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the bilateral shoulders. The treating physician report dated 4/20/15 (18B) states, "(The patient's) response to Acupuncture has been satisfactory. Her ranges of motion, pain levels and the

duration of pain have slightly improved". Therefore, I am requesting authorization for a return to Chiropractic care, Physiotherapy and Therapeutic Exercises, 2 times per week, for 2 weeks. If her progress continues, to continue treatments, 2 times per week, for 2 additional weeks, totaling 8 visits of Chiropractic care, for the next 30 days. The MTUS states the following regarding manual manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions." The MTUS guidelines do not address manual manipulation of the shoulder. The ODG guidelines state the following: 'Recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor.'" The guidelines go on to recommend 9 visits over a period of 8 weeks. In this case, the patient has received an unknown number of chiropractic sessions previously so it is uncertain if the current request for 8 sessions would exceed the recommendation of 9 visits. The current request does not satisfy the ODG guidelines as outlined in the shoulder chapter. Recommendation is for denial.

Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the bilateral elbows/forearms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-59.

Decision rationale: The patient present with pain affecting the neck, mid and low back. The current request is for Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the elbows/forearms. The treating physician report dated 4/20/15 (18B) states, '(The patient's) response to Acupuncture has been satisfactory. Her ranges of motion, pain levels and the duration of pain have slightly improved". Therefore, I am requesting authorization for a return to Chiropractic care, Physiotherapy and Therapeutic Exercises, 2 times per week, for 2 weeks. If her progress continues, to continue treatments, 2 times per week, for 2 additional weeks, totaling 8 visits of Chiropractic care, for the next 30 days. The MTUS states the following regarding manual manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions." The MTUS guidelines do not recommend manual manipulation of the forearm, wrist and hand. In this case, the current request does not satisfy the MTUS guidelines, as chiropractic care is not supported for elbows/forearms as outlined on page 58. Therefore, the request is not medically necessary.

Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-59.

Decision rationale: The patient present with pain affecting the neck, mid and low back. The current request is for Chiropractic care, physiotherapy and therapeutic exercises 8 visits for the left knee. The treating physician report dated 4/20/15 (18B) states, "(The patient's) response to Acupuncture has been satisfactory. Her ranges of motion, pain levels and the duration of pain have slightly improved". Therefore, I am requesting authorization for a return to Chiropractic care, Physiotherapy and Therapeutic Exercises, 2 times per week, for 2 weeks. If her progress continues, to continue treatments, 2 times per week, for 2 additional weeks, totaling 8 visits of Chiropractic care, for the next 30 days. The MTUS states the following regarding manual manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions." The MTUS guidelines do not recommend manual manipulation of the knee. In this case, the current request does not satisfy the MTUS guidelines, as chiropractic care is not supported for knee as outlined on page 58. Therefore, the request is not medically necessary.