

Case Number:	CM15-0090603		
Date Assigned:	05/14/2015	Date of Injury:	09/27/2002
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
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: Pennsylvania, Ohio, 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 55 year old female, who sustained an industrial injury on September 27, 2002, incurring injuries to the cervical spine, right and left elbow/forearm and both hands. Cervical spine x rays revealed disc degeneration. Right and left arm x rays were unremarkable. She was diagnosed with cervical disc syndrome with myelopathy, brachial and cervical neuritis. Treatment included chiropractic sessions, ultrasound, and pain management. Currently, the injured worker complained of pain and limited range of motion of the cervical spine, bilateral forearms, elbows and wrists. The treatment plan that was requested for authorization included spinal manipulation/MRT, wrist/hand; spinal manipulation/MRT, brachial neuritis; spinal manipulation/MRT, elbow/forearm and MRT-Myofascial muscle release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation/MRT, brachial neuritis, 3 x 2 weeks / 2 x 3 weeks / 1 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: MTUS does not recommend elective/maintenance manipulation. This is a notably chronic case over a decade old in which the treatment guidelines anticipate that the patient would have long ago transitioned to active independent home rehabilitation. The records do not provide an alternative rationale for this request. The request is not medically necessary.

Spinal manipulation/MRT, wrist/hand, 3 x 2 weeks / 2 x 3 weeks / 1 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical Medicine.

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

Decision rationale: MTUS does not recommend elective/maintenance manipulation. Additionally manipulation is specifically not recommended for the wrist and hand. For these multiple reasons this request is not medically necessary.

Spinal manipulation/MRT, elbow/forearm, 3 x 2 weeks / 2 x 3 weeks / 1 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical Medicine.

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

Decision rationale: MTUS does not recommend elective/maintenance manipulation. This is a notably chronic case over a decade old in which the treatment guidelines anticipate that the patient would have long ago transitioned to active independent home rehabilitation. Additionally this same guideline specifically does not recommend manipulation to the forearm. The records do not provide an alternative rationale for this request. For these multiple reasons, this request is not medically necessary.

MRT - Myofascial muscle release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: MTUS recommends massage or myofascial therapy for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage or myofascial therapy are passive forms of treatment which are not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.