

Case Number:	CM15-0091308		
Date Assigned:	05/15/2015	Date of Injury:	02/16/2015
Decision Date:	06/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 47 year old female who sustained an industrial injury on 02/16/15. Initial complaints include head, mid back, and right wrist pain and blurred vision. Initial diagnoses include thoracic and lumbar sprain/strain, scalp contusion, right wrist sprain, syncope and collapse. Treatments to date medications including Naproxen, Prilosec, Tramadol, Cyclobenzaprine, and Gabapentin, as well as Flurbiprofen/ Baclofen/ Camphor/ Menthol/ Dexamethasone/ Capsaicin/ Hyaluronic Acid cream and Amitriptyline/ Gabapentin/ Bupivacaine/ Hyaluronic Acid cream. Diagnostic studies include x-rays of the right wrist and hand, thoracic and lumbar spine, skull, and chest as well as a CT scan of the head. Current complaints include neck, low back, right shoulder and hand pain. Current diagnoses include cervical and lumbar sprain/strain, right shoulder strain/sprain, and right hand tenosynovitis. In a progress note dated 04/29/15, the treating provider reports the plan of care as chiro and physio therapies to the cervical and lumbar spines, right shoulder and hand. The requested treatments are chiro and physiotherapies to the cervical and lumbar spines, right shoulder and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic physiotherapy sessions for the cervical, lumbar spine, right shoulder, and right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60; Physical Therapy, pages 98-99.

Decision rationale: MTUS Guidelines supports chiropractic manipulation/ physiotherapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic physiotherapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of chiropractic / physiotherapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further chiropractic physiotherapy when prior treatment rendered has not resulted in any functional benefit. The Six chiropractic physiotherapy sessions for the cervical, lumbar spine, right shoulder, and right hand is not medically necessary and appropriate.