

Case Number:	CM15-0092636		
Date Assigned:	05/19/2015	Date of Injury:	07/12/2012
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury to bilateral knees, back and neck on 7/12/12. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, home exercise and medications. The injured worker underwent right knee arthroscopy on 2/18/15. In a PR-2 dated 3/23/15, the injured worker complained of continuing right knee pain following arthroscopy as well as continuing Achilles, ankle, neck and back pain. Magnetic resonance imaging right ankle showed tendinosis without a definitive tear. Current diagnoses included status post right knee surgery and right ankle Achilles tendonitis. The physician noted that the injured worker previously had six sessions of chiropractic therapy in 10/14 that were helpful. The treatment plan included chiropractic therapy and massage therapy for the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic therapy treatments to the lumbar and cervical spine: 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 Page(s): 58.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of manual therapy, such as chiropractic manipulation, as a treatment modality. These guidelines state the following: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines also comment on the number of sessions allowed. 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. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the patient has already received an undefined number of chiropractic treatments. There is insufficient documentation in support of evidence for objective functional improvement based on these prior sessions. Per the above-cited guidelines, there must be evidence of objective functional improvement in order to exceed the number of sessions allowed in the trial phase. For this reason, 8 additional chiropractic therapy treatments to the lumbar and cervical spine are not medically necessary.

8 additional massage therapy treatments to the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 59.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of massage therapy. Massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the records indicate that the patient has already undergone an unspecified number of massage therapy sessions. There is insufficient documentation as to the outcomes of these sessions, specifically, whether the patient has experienced objective improvement in functional outcomes to justify further sessions. For this reason, 8 additional massage therapy sessions to the lumbar and cervical spine are not medically necessary.

