

Case Number:	CM15-0098837		
Date Assigned:	06/01/2015	Date of Injury:	10/27/2014
Decision Date:	09/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: North Carolina

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:

The injured worker is a 54-year-old female, who sustained an industrial injury on October 27, 2014. The injured worker reported that she was hit by a pallet and jack handle noting sharp pain to the right shoulder and the whole back. The injured worker was diagnosed as having cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain and strain, thoracic myospasm, thoracic sprain and strain, lumbar myospasm, lumbar pain, lumbar sprain and strain, right shoulder impingement syndrome, right shoulder pain, and right shoulder sprain and strain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, x-rays of the right shoulder, x-rays of the lumbosacral spine, and medication regimen. In a progress note dated April 03, 2015 the treating physician reports complaints of constant, moderate, achy, burning pain to the neck that radiates to the bilateral upper extremities with numbness along with complaints of constant, moderate, sharp, achy, stabbing, burning pain to the right shoulder with stiffness, heaviness, tingling, weakness, and cramping. Examination reveals decreased range of motion to the right shoulder with pain, tenderness to the right shoulder, positive Neer's testing, decreased range of motion to the cervical spine with pain, tenderness to the cervical paravertebral muscles, muscle spasm to the cervical paravertebral muscles, positive cervical compression testing, and positive shoulder depression testing bilaterally. The injured worker's pain level was rated 7 out of 10 to the cervical spine and the right shoulder. The documentation provided did not indicate prior physical therapy, acupuncture, or chiropractic manipulative therapy. The treating physician requested six sessions of chiropractic therapy one time a week for six weeks to the cervical spine and the right shoulder to decrease the injured worker's pain and spasms and to increase the injured worker's range of motion and activities of daily living. The treating physician requested six sessions of acupuncture one time a week for six weeks to the cervical spine and the right shoulder. The

treating physician also requested six sessions of physical therapy one time a week for six weeks to the cervical spine and the right shoulder to increase the injured worker's range of motion, increase the injured worker's activities of daily living, and to decrease the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions, 1 time a week for 6 weeks, cervical spine, right shoulder:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

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

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: 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. 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. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: A. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 6 sessions. This does meet criteria guidelines and thus is medically necessary.

6 acupuncture sessions, 1 time a week for 6 weeks, cervical spine, right shoulder:

Overtured

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow,

increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is not in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is medically necessary.

6 physical therapy sessions, 1 time a week for 6 weeks, cervical spine, right shoulder:
Overturned

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 physical medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. The requested amount of physical therapy is not in excess of California chronic pain medical treatment guidelines. Therefore, the request is medically necessary.