

Case Number:	CM17-0015198		
Date Assigned:	01/30/2017	Date of Injury:	10/20/2016
Decision Date:	02/24/2017	UR Denial Date:	01/06/2017
Priority:	Standard	Application Received:	01/24/2017

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 46 year old male who sustained an industrial injury on 10-20-16. The injured worker reported discomfort in the back, shoulders and elbows. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine radiculitis, thoracic and lumbar spine sprain and strain, myalgia, lumbar spine musculoligamentous injury, bilateral shoulder bicipital tendinitis, right shoulder impingement syndrome. Medical records dated 12-28-16 indicate pain rated at 4-8 out of 10. Provider documentation dated 12-28-16 noted the work status as remain off work. Treatment has included physical therapy, chiropractor, and home exercise program and medication management. Objective findings dated 12-28-16 were notable for cervical and lumbar spine with tenderness to palpation and decreased range of motion, cervical spine with spasms. The original utilization review (1-6-17) denied a request for Physical therapy 2 times a week for 6 weeks bilateral shoulder, elbow and wrist and Chiro with modalities 2 times a week for 6 weeks for neck, back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks bilateral shoulder, elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 12/12/16), Physical therapy, ODG physical therapy guidelines, ODG Elbow (updated 11/23/16), Physical therapy; ODG Forearm, Wrist and Hand (updated 12/20/16), Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Physical therapy 2 times a week for 6 weeks bilateral shoulder, elbow and wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for myalgia/myositis or neuritis with a transition to an independent home exercise program. The documentation indicates that the patient has had prior PT. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would exceed the MTUS recommended number of visits for this condition therefore this request is not medically necessary.

Chiro with modalities 2 times a week for 6 weeks for neck, back: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 12/21/16), Manipulation ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: Chiro with modalities 2 times a week for 6 weeks for neck, back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that manual therapy and manipulation, performed by a variety of practitioners, including physical therapists and chiropractors, are passive interventions that are typically combined with recommended treatment, especially active interventions (e.g., exercise). Manual Therapy is widely used with the intended goal 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. The time to produce effect: 4 to 6 treatments at a frequency of 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. The maximum duration is 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The documentation does not reveal functional improvement from prior chiro treatment. There are no extenuating factors which would require an additional 12 sessions of chiro therefore this request is not medically necessary.