

Case Number:	CM14-0114888		
Date Assigned:	08/04/2014	Date of Injury:	01/19/2014
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30-year-old male born on [REDACTED]. On 01/19/2014, the patient was carrying a rack of silverware and slipped on a wet piece of onion on the floor causing him to lose balance, fall and strike his body against the ground; resulting in neck, low back, bilateral shoulder, left knee, left foot, and left ankle complaints. He presented for medical care on 03/31/2014 with complaints of 5/10 left foot and ankle pain, 5/10 bilateral knee pain, 7/10 neck pain, 8/10 low back pain, and 7/10 bilateral shoulder pain. Cervical examination findings on 03/31/2014 included decreased lordosis, tenderness to palpation over sub occipital and trapezial musculature bilaterally, flexion 46, extension 54, bilateral rotation 68, and bilateral side bending 38. Lumbar examination findings on 03/31/2014 included normal lordosis, tenderness to palpation over paravertebral musculature, SLR negative, flexion 56, extension 19, and bilateral side bending 20. Left ankle examination findings on 03/31/2014 included slight diffuse swelling, tenderness to palpation over lateral joint complex and anterior joint line; and range of motion of left ankle: flexion 32, extension 14, inversion 22, and eversion 16. R and range of motion of right ankle: flexion 40, extension 20, inversion 30, and eversion 20. Upper and lower extremity sensation, DTRs and motor essentially normal bilaterally. The patient was diagnosed with cervical/trapezial musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral shoulder sprain/strain, bilateral knee sprain/strain, and left ankle sprain/strain. The patient was capable of performing his usual work. The patient treated with acupuncture on 11 occasions from 04/21/2014 through 07/25/2014. On 05/27/2014, the medical provider prescribed chiropractic care to include range of motion exercises, strength exercises, myofascial release, and numerous other modalities as needed at a frequency of 2 times per week for 4 weeks. The therapy services evaluation form of 06/25/2014 reports patient complaints of neck, low back, and left ankle pain. By examination, cervical and lumbar spine ranges of motion were decreased, slight edema was

noted in the lateral left ankle, left ankle dorsiflexion and inversion were decreased, lower extremity sensory intact, DTRs 2/5 and motor 5/5. The treatment plan included CMT, MFR, therapeutic exercises and modalities. The chiropractic chart notes for dates of services on 06/25/2014, 06/27/2014 and 07/22/2014 report procedures by check list style and include hot packs, electrical muscle stimulation, cervical traction, myofascial release, CMT and therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation and myo-fascial release in house 2x4, neck, low back and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 & 174, 300, 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014. Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), Low Back Disorders, 2007;146, and American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain, 2008;202.

Decision rationale: The request of chiropractic services to include exercises, modalities, manipulation and myofascial release for the neck, low back and left ankle at a frequency of 2 times per week for 4 weeks is not supported by MTUS, ACOEM or ODG to be medically necessary. Because numerous treatment procedures have been requested and are not all addressed in MTUS, treatment procedures will be summarized below per applicable guidelines. **EXERCISES:** MTUS recommends exercise programs, including aerobic conditioning and strengthening. MTUS reports, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." The exercises supported by MTUS do not require licensed supervision, special equipment or special setting in order to be performed. The self-directed patient can perform exercises at their convenience and speed, in their home or outside, without in-house supervision or special equipment necessary. Submitted documentation does not provide evidence this patient is incapable of performing a self-directed exercise program; therefore, the need for in-office/house exercises is not supported to be medically necessary. **MODALITIES:** In treatment of cervical and upper back complaints ACOEM reports, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." In treatment of low back complaints ACOEM reports, "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation

(TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. At-home local applications of heat or cold are as effective as those performed by therapists." In treatment of ankle complaints ACOEM reports, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies." Additionally, MTUS reports passive therapy modalities 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. This patient's injury occurred on 01/19/2014, the prescription for therapy was dated 05/27/2014, and the first reported passive therapy was reported on 06/25/2014, over 5 months after date of injury, a time which is not in the early phase of pain treatment; therefore, the requested passive modalities are not supported to be medically necessary.

CHIROPRACTIC/MANUAL THERAPY & MANIPULATION:

MTUS (Chronic Pain Medical Treatment Guidelines) does not support manual therapy and manipulation in the treatment of ankle complaints. MTUS reports manual therapy and manipulation for the ankle and foot are not recommended.

MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions; therefore, both MTUS and ODG will be referenced.

MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months.

Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such.

ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary -

Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. A treatment trial of chiropractic care up to 6 visits over 2-3 weeks may be supported, but there is no evidence of measured objective functional improvement with chiropractic manipulative care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 8 chiropractic treatment visits exceeds MTUS and ODG recommendations in the care of cervical and lumbar complaints and is not supported to be medically necessary.

MYOFASCIAL RELEASE:

Myofascial release is not supported to be medically necessary. ACOEM reports, Myofascial release is not recommended for the treatment of acute, subacute, or chronic LBP or radicular pain syndromes or other back-related conditions. ACOEM further reports, Myofascial release is not recommended for treatment of chronic LBP, other chronic persistent pain, neuropathic pain, or CRPS.