MAXIMUS Federal Services

Case Number:	CM14-0109775		
Date Assigned:	08/01/2014	Date of Injury:	01/23/2014
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 Board Certified in Emergency Medicine and is licensed to practice in New York. 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 34-year-old male who was injured on January 23, 2014. The patient continued to experience pain in his upper back and bilateral arm pain. Physical examination was notable for tenderness to palpation of the cervical spine muscles, tenderness and spasm to the lumbar paraspinal muscles, intact sensation to all extremities, and decreased motor strength to all extremities. Diagnoses included bilateral upper extremity sensory neuropathy, cervial spine sprain/strain with myospasms,and lumbar spine sprain/strain with myospasms. Treatment included acupuncture and medications. Requests for authorization for chiropractic supervised physical therapy twice weekly for 12 weeks and range of motion and muscle testing were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with Chiropractic Supervised Physiotherapy 2x 6Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHIROPRACTIC MANIPULATIONCALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULEPG58-60 MANUAL THERAPY & MANIPULATION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that 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, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. Official Disability Guidelines (ODG) states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the number of visits requested surpasses the six visits recommended for clinical trial. The request is not medically necessary and appropriate

Range of Motion and Muscle Testing (ROM & MMT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN:BACK PAIN- NON INVASIVE TREATMENTSPOLICY: QUANTITATIVE MUSCLE TESTING DEVICES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Muscle examination in the evaluation of weakness

Decision rationale: The Medical Research Council's grading system for muscle strength is widely used The examiner assesses the patient's ability to move the muscle against resistance provided by the examiner who, through experience, has developed a sense of the expected range of normal. This will vary from patient to patient depending upon the underlying size and conditioning of the subject. The fully trained athlete obviously can be expected to perform differently from a small, sedentary, or deconditioned individual. The expected strength should also be adjusted for degree of atrophy in patients with wasting illnesses.The patient's effort is graded on a scale of 0 to 5:5 - Muscle contracts normally against full resistance.4 - Muscle strength is reduced, but muscle contraction can still move joint against resistance.3 - Muscle strength is further reduced, such that the joint can be moved only against gravity with the examiner's resistance completely removed. As an example, the elbow can be moved from full extension to full flexion starting with the arm hanging down at the side.2 - Muscle can move only if the resistance of gravity is removed. As an example, the elbow can be fully flexed only if the arm is maintained in a horizontal plane.1 - Only a trace or flicker of movement is seen or felt in the muscle, or fasciculations are observed in the muscle.0 - No movement is observed.Measuring muscle strength and range of motion are part of the physical examination. Indication for separate testing is not supported by the information in the medical record. Medical necessity has not been established. The request is not medically necessary and appropriate.