

Case Number:	CM14-0037311		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2013
Decision Date:	09/11/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old male was reportedly injured on November 21, 2013. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of low back pain, bilateral knee pain, bilateral ankle pain, psychological stress, and insomnia. The physical examination demonstrated decreased lumbar spine range of motion. Examination of the knee indicated near-normal range of motion and a positive McMurray's test bilaterally. The physical examination of the ankle indicated inflammation and tenderness from the prior surgical scar. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included ankle surgery, acupuncture, and oral medications. A request had been made for chiropractic care and physiotherapy for the lumbar spine and knees twice a week for six weeks, acupuncture for the lumbar spine and bilateral knees twice a week for six weeks and range of motion and muscle testing for the lumbar spine and bilateral knees and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RQ Chiro Treatment with Chiropractic Supervised physiotherapy (Myofascial Release and Functional Restoration Program) to the Lumbar and Bilateral Knee 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

Decision rationale: The CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. As this request is for an initial 12 visits, this request for chiropractic treatment with supervised physiotherapy to the lumbar spine area and bilateral knees twice week for six weeks is not medically necessary.

Acupuncture to the Lumbar and Bilateral Knee 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 13 of 127.

Decision rationale: According to the attached medical record, the injured employee has previously received acupuncture treatments. It is unclear how treatments were received. However, the California MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request for acupuncture twice week for six weeks for the lumbar spine and bilateral knees is not medically necessary.

Range of Motion and Muscle Testing to the Lumbar and Bilateral Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Flexibility, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, flexibility and range of motion testing is not recommended as a primary criteria. The relationship between lumbar spine range of motion and functional ability is weak or nonexistent. Considering this, the request for range of motion testing for the lumbar spine and bilateral knees is not medically necessary.