MAXIMUS Federal Services

| Case Number: | CM14-0043264 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 08/12/1996 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/08/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

## 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 injured worker is a 73 year-old male who was reportedly injured on 8/12/1996. The mechanism of injury is not listed in these records reviewed. He does present today due to a recent fall. The most recent progress note, dated 2/20/2014 indicates that there are ongoing complaints of low back, left hip, and right knee pain. The patient also has cervical spine pain. The physical examination demonstrated cervical spine: positive tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with pain. The right shoulder has decreased range of motion, muscle strength 4+/5, decreased sensation using pinwheel along the lateral arm and forearm bilaterally in the C5-C6 distribution. The left shoulder has decreased range of motion. The lumbar spine has tenderness to palpation lumbar muscles bilaterally with increased rigidity. There is decreased range of motion with pain. Straight leg is positive bilaterally at 60. The right knee has mild soft tissue swelling and decreased range of motion 5-85. The left knee has positive tenderness to palpation with soft tissue swelling and crepitus with range of motion. The negative anterior/posterior drawer shows negative for collateral laxity and positive McMurray. The diagnostic imaging studies include a pelvis computed tomography 2/14/2014 left total hip and evidence of old trauma to the right pubic ring. The X-Ray of the left hip pelvis shows a non-displaced fracture at the inferior pubic ramus (on the right). Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for chiropractic visits; a consult to the ear/nose/throat physician and an electromyogram of the lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule 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. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, eight (8) visits requested exceed the maximum visits allowed by the treatment guidelines. As such, eight (8) Chiropractic manipulation sessions are not medically necessary.

**1 ENT consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, (Independent Medical Examinations and Consultations), (2004)pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**Decision rationale:** The guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Review of the available medical records lack supporting documentation of subjective or objective clinical findings to necessitate this referral. Therefore, one ENT (Ear, Nose and Throat) consultation is not medically necessary.

**1 (Electromyography) EMG of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state electromyography, including H-reflex tests, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. After reviewing the medical documentation provided it is noted the individual does have low back pain, however there was no objective clinical documentation of radiculopathy along a specific dermatome. Therefore, the request for a electromyography (EMG) of the lower extremities is not medically necessary.