

Case Number:	CM14-0085973		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2013
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 30-year-old female who reported an injury on 08/05/2013 after being the victim of a robbery. The injured worker suffered emotional distress, sever anxiety and depression, and developed physical symptoms resulting from these significant psychological symptoms. The injured worker's treatment history included chiropractic care, physical therapy, acupuncture, and psychological support. The injured worker was evaluated on 05/01/2014. It was documented that the injured worker had bilateral shoulder and neck pain. The injured worker's diagnoses included cervicalgia and other diagnoses that were not legible. The injured worker's treatment plan included computerized range of motion muscle testing, acupuncture, and chiropractic care. A Request for Authorization dated 05/01/2014 was submitted to support the request. The injured worker was again evaluated on 06/05/2014. However, the clinical note provided from that appointment was largely illegible. It was noted that the injured worker's treatment plan included interpretation services and computer range of motion muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Chiropractic Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

Chiropractic Guidelines; Official Disability Guidelines; Neck and upper back (Acute & Chronic);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Page(s): 58.

Decision rationale: The requested five Chiropractic Treatments are not medical necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing chiropractic treatment be based on documented functional benefit. The clinical documentation submitted for review does indicate that the injured worker previously underwent chiropractic care. However, significant functional benefit was not provided resulting from those previous appointments. Furthermore, the request as it is submitted does not specifically identify an applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested five Chiropractic Treatments are not medical necessary or appropriate.

10 Acupuncture Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing acupuncture be based on documented functional benefit, symptom response, and a reduction of medications. The clinical documentation does indicate that the injured worker has already participated in acupuncture visits. However, significant functional benefit and pain relief with medication reduction were not provided resulting from the previous treatments. Additionally, the clinical documentation submitted from the requesting physician is largely illegible and does not provide significant quantitative deficits that would benefit from acupuncture treatment. Furthermore, the request as it is submitted does not provide an applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested ten acupuncture visits is not medical necessary or appropriate.

1 Computerized Range of Motion (ROM) & Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and upper back (Acute & Chronic); ODG, Low Back- Lumbar & Thoracic (Acute & Chronic).

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 chapter, Flexibility.

Decision rationale: The requested one computerized range of motion (ROM) & muscle testing is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this type of testing. Official Disability Guidelines do not recommend the use of computerized range of motion testing over traditional physical measurement. There is no justification to support the need for computerized testing over standardized range of motion testing. Additionally, the request does not include an applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested one computerized range of motion (ROM) & muscle testing is not medically necessary or appropriate.