

Case Number:	CM14-0099525		
Date Assigned:	09/23/2014	Date of Injury:	02/13/2014
Decision Date:	11/05/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational Medicine 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:

Patient is a 44 year-old male with date of injury 02/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/23/2014, lists subjective complaints as constant upper back pain with radicular symptoms down both arms. Objective findings: Examination of the cervical spine revealed normal flexion. Extension, cervical bending and rotation were 50% of normal. Tenderness to bilateral upper trapezial regions. Bilateral shoulders range of motion was normal in all planes. Lumbar spine: tenderness in the left lower lumbar region, L4-S1. Negative straight raise tests bilaterally. There were 1+ patellar and 1+ Achilles reflexes bilaterally. Strength to both lower extremities was equal and normal. Decreased sensation to the left thigh as compared to the right thigh. Upon standing, patient ambulated about the room normally. Forward flexion was painful at 70 degrees; extension was painful at 20 degrees. Truncal bending and rotation were 50% of normal. Diagnosis: 1. Status post pedestrian hit by motor vehicle 2. Thoracic sprain, resolved 3. Back strain with neuropathy 4. Neck strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture 2 times 3 is not medically necessary.

Chiropractic with supervised Physiotherapy 2 times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The previous utilization review physician provided the patient with a trial of chiropractic. There is no documentation of functional improvement. Chiropractic w/supervised Physiotherapy 2 times 3 is not medically necessary.

Computerized ROM Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tech Medical

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: Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013

Decision rationale: The use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. Computerized ROM Muscle Testing is not medically necessary.