

Case Number:	CM14-0192601		
Date Assigned:	11/26/2014	Date of Injury:	09/26/2013
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 9/26/13. The diagnoses include cervical spine ligamentous sprain/strain, thoracic spine ligamentous sprain/strain; lumbosacral spine and left sacroiliac joint sprain/strain; bilateral shoulder periscapular sprain/strain and bilateral knee contusions and strain, status post left knee operative arthroscopy with partial medial and lateral meniscectomy performed on 2/25/2014. Under consideration are requests for (8) Chiropractic Manipulation Sessions and (1) Electrical Muscle Stimulator Unit for home use. A 9/24/14 progress note states that the patient has neck pain; mid back pain, lower back pain, stiffness, bilateral shoulder pain, bilateral knee pain and left knee post-operative pain. On physical examination there is cervical spine tenderness to palpation left > right of the paraspinal musculature and upper trapezius. Active cervical range-of-motion was decreased in all aspects mildly to moderately. There was thoracic spine tenderness noted with palpation with muscle guarding, left > right of the mid and upper paraspinal musculature. Thoracic range-of-motion was decreased. An antalgic shift to the left was noted with thoracic flexion. There was lumbosacral spine tenderness to palpation with the left > right of the paraspinal musculature. There was left sacroiliac tenderness with palpation. A left sacroiliac stress test was positive and Gaenslen's test was positive in the left lumbar spine. The lumbar range-of-motion was decreased with an antalgic shift to the left with lumbar flexion. Bilateral shoulders palpation revealed diffuse tenderness over periscapular musculature and upper trapezius. There was a slight subacromial crepitus with passive ranging bilaterally. Active range-of-motion revealed mild decreased range of motion in shoulder flexion, extension, abduction and adduction. A bilateral knee examination revealed left > right peri patellar effusion with tenderness to palpation bilaterally. There was right > left patellofemoral crepitus and pain with

patellar compression and passive motion bilaterally. Active range-of-motion of the Knees was decreased left more than right. Muscle testing revealed a grade 4/5 muscle weakness with knee flexion and extension bilaterally. The patient exhibited an antalgic gait favoring the left knee. There are request for 8 chiropractic sessions and an electrical muscle stimulator for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic Manipulation Sessions: Upheld

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

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

Decision rationale: Eight (8) Chiropractic Manipulation Sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend for the low back a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for 8 sessions exceeds this recommendation and additional chiropractic sessions cannot be certified without evidence of functional improvement. Additionally, the request does not specify what body part the chiropractic sessions are for. The requests for eight (8) chiropractic manipulation sessions are not medically necessary.

One (1) Electrical Muscle Stimulator Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121.

Decision rationale: One (1) Electrical Muscle Stimulator Unit for home use is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that neuromuscular electrical stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation does not reveal evidence of a stroke and therefore the request for one (1) Electrical Muscle Stimulator Unit for home use is not medically necessary.