

Case Number:	CM15-0149711		
Date Assigned:	08/12/2015	Date of Injury:	01/13/2015
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 63 year old male with an industrial injury dated 01-13-2015. The injured worker's diagnoses include cervical and lumbar spine sprain and strain. Treatment to date consisted of diagnostic studies, 12 chiropractic treatments and periodic follow up visits. In a chiropractic progress note dated 07-10-2015, the injured worker reported neck pain and lower back pain rated a 5 to 6 out of 10. Some documents within the submitted medical records are difficult to decipher. Objective findings revealed decrease cervical and thoracolumbar range of motion. Documentation noted that prognosis was as expected. The treating physician prescribed services for chiropractic treatment 2 x per week for 3 weeks, bilateral lower extremity nerve conduction studies (NCS)/electromyography (EMG) and right knee hinged neoprene brace, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x per week for 3 weeks: 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: Chiropractic treatment 2 x per week for 3 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that for the low back the patient for therapeutic care can have a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Per documentation the patient has had 12 chiropractic visits already but the documentation does not reveal evidence of functional improvement secondary to this treatment therefore additional chiropractic care is not medically necessary.

Bilateral lower extremity NCS/EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS).

Decision rationale: Bilateral lower extremity NCS/EMG is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that electromyography (EMG), 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. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation does not reveal focal neurologic deficit, evidence suggestive of peripheral polyneuropathy or entrapment/compression neuropathy in the bilateral lower extremities therefore this request is not medically necessary.

Right knee hinged neoprene brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee - Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Right knee hinged neoprene brace is not medically necessary per the ACOEM MTUS guidelines. Per guidelines a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. The guidelines state the Usually a brace is necessary only if the patient is going to be stressing the knee under load and that for the average patient, using a brace is usually unnecessary. Per ACOEM, in all cases, braces need to be properly fitted and combined with a rehabilitation program. There is no evidence in documentation submitted that the patient has instability in his knee. There is no documentation that he will be stressing a knee under load. The request for a knee brace for the right knee is not medically necessary.

