

Case Number:	CM14-0117594		
Date Assigned:	09/23/2014	Date of Injury:	03/19/2014
Decision Date:	10/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Practice 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:

Claimant is a 48 year old male sustained a work injury on 1/15/14 involving the neck, shoulders and low back. He was diagnosed with cervical, lumbar and shoulder strain. A progress note on 6/5/14 indicated the claimant had reduced range of motion of the involved areas. Apley's test was negative. The treating physician requested chiropractic treatments 2 times a week for 5 weeks, a neurology consultation for an Electromyogram (EMG) and Nerve Conduction Velocity Studies (NCV) and computerized range of motion exercise testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, chiropractic therapy (manual medicine) is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional

improvement, total of up to 18 visits over 6-8 weeks. In this case, there is no evidence of response to treatment over 2 weeks. The 5 weeks request for chiropractic treatment is not medically necessary.

Neurology consultation for EMG/NCV of bilateral upper and lower extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines, evaluation & management

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines and Electromyogram (EMG) is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable. AN EMG is not recommended for diagnosis of nerve root involvement if history, physical and radiological findings are consistent. An NCV is not recommended for NCS is appropriate for particular concerns of nerve entrapment. In this case, the exam findings did not indicate nerve root findings or entrapment to require an EMG or NCV. Therefore, the neurology consultation is not medically necessary.

Computerized ROM cervical spine, lumbar spine and upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ROM, muscle testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Range of motion for shoulder AMA guidelines on range of motion testing

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not comment on computer range of motion testing. According to the Official Disability Guidelines (ODG) guidelines, range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis. There is insufficient evidence however in the national and AMA guidelines to support the use of computer range of motion testing for the shoulders or spine vs. routine physical examination. The request for computer testing is not medically necessary.