

Case Number:	CM13-0023536		
Date Assigned:	11/15/2013	Date of Injury:	04/17/2013
Decision Date:	01/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 physician 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.

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 47-year-old female who reported an injury on 04/17/2013 after a projector fell on her head. The patient underwent an MRI of the cervical spine in 06/2013 that revealed there was disc desiccation at the C2 through C3 down to the C6 through C7 and a retention cyst in the right maxillary sinus. The patient had continued complaints of dizziness and daytime excessive fatigue. The patient received several chiropractic sessions that were considered to be helpful. Physical findings included tenderness to palpation in the shoulder girdle and cervical spine with moderate palpable muscle spasms in the trapezius and suboccipital musculature. The patient's diagnoses included post-concussion syndrome with features of cognitive impairment, headaches, and vertiginous symptoms, a cervical sprain/strain, and posttraumatic head injury with transient neurological episodes of unclear etiology. The patient's treatment plan included continued physical therapy, chiropractic care, and neuropsychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic care and physiotherapy sessions to the cervical spine with the incorporations of a home exercise program between 7/22/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1,166,174,175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Physical Medicine Page(s): 58,98--99.

Decision rationale: The requested 8 chiropractic care and physiotherapy sessions to the cervical spine with incorporations of a home exercise program between 07/22/2013 and 09/29/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide indications of deficits that could benefit from chiropractic care and physiotherapy. It is also noted within the documentation that the patient has previously undergone this type of therapy and did receive significant benefit from the prior therapy. As it is unclear from the submitted documentation exactly how much physical therapy and chiropractic care the patient has previously undergone, continuation of treatment would not be supported. California Medical Treatment Utilization Schedule does not recommend elective/maintenance care of manual therapy. Therefore, continuation of treatment would not be supported. As such, the 8 chiropractic care and physiotherapy sessions to the cervical spine with the incorporation of a home exercise program between 07/22/2013 and 09/29/2013 is not medically necessary or appropriate.

One (1) functional capacity evaluation between 7/22/2013 and 9/29/2013: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 34-37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Chapter, Functional capacity evaluation (FCE), which is not part of the MTUS..

Decision rationale: The requested Functional Capacity Evaluation between 07/22/2013 and 09/29/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has continued deficits as a result of her injury. The American College of Occupational and Environmental Medicine states, "Beyond evaluating a patient's health status, it is necessary to address how that status may affect the patient's ability to perform the essential functions of his or her current job or reasonably anticipate modified duty." The clinical documentation submitted for review does not provide evidence that the patient is close to maximum medical improvement and is anticipating returning to work. Official Disability Guidelines state, "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful." The clinical documentation submitted for review does not provide evidence that the patient is anticipating returning to work at this time. Therefore, a Functional Capacity Evaluation would not be medically necessary or appropriate.

One (1) follow-up ortho visit on 9/9/2013, between 7/22/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 8.

Decision rationale: The requested orthopedic consult is not medically necessary or appropriate. The patient does have continued deficits related to the previous work injury. The American

College of Occupational and Environmental Medicine states, "Within the first 3 months of onset of a potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinal vertebral pathology, severe debilitating symptoms with physiological evidence of specific nerve root or spinal cord dysfunction." The clinical documentation submitted for review does not provide evidence of any red flags that would support the need for an orthopedic consult. There is no indication that the patient is a surgical candidate at this time. Additionally, there is no documentation of treatments that may require orthopedic follow-up. As such, the requested 1 follow-up ortho visit on 09/09/2013, between 07/22/2013 and 09/29/2013 is not medically necessary or appropriate.