

<b>Case Number:</b>	CM13-0056985		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Therapy, has a subspecialty in Interventional Spine 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 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. 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:

This is a 54 year-old female who was injured on 9/13/12. She was watching children in an afterschool program, and saw 2 dogs running towards the children. She grabbed hold of one of the dogs by the collar with her left hand, and it pulled her to the ground. She had pain in the left hand, neck, back and left knee. According to the 10/3/13 report, the diagnoses include: lumbar disc displacement with myelopathy; cervical herniation without myelopathy; thoracic disc displacement without myelopathy; left hand tendinitis; left wrist strain; left knee medial meniscal tear; left knee cruciate ligament sprain; and left knee bursitis. On 11/7/13 UR denied hand therapy for the left hand, modified a follow-up visit without ROM testing by accumar and denied retrospective lumbar ROM by accumar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Certified hand therapist consult for the left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with neck, back, left wrist and left knee pain. There have been over 25 therapy visits with PT/OT/hand therapy throughout two different facilities. The available records show therapy from Rancho PT and AG Hand and Rehabilitation progress notes. MTUS guidelines state 8-10 sessions of physical medicine therapy are indicated for various myalgia or neuralgias. The patient has already exceeded the MTUS recommendations; the request for the additional therapy consult continues to exceed MTUS recommendations.

**Follow up visit with range of motion measurement and patient education:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar chapter, for ROM, Flexibility.

**Decision rationale:** The follow-up visit was already approved by UR; the issue is the physician/chiropractor performing computerized ROM testing as a separate procedure from a part of the standard physical examination. ODG guidelines state this is a routine part of the musculoskeletal evaluation. Computerized ROM testing is not necessary for CA impairment rating, as according to ODG, the AMA guides require use of dual inclinometers. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines.

**Retro lumbar range of motion by accumar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Again, the issue here deals with performing computerized ROM testing as a separate procedure from a part of the standard physical examination. ODG guidelines state this is a routine part of the musculoskeletal evaluation. Computerized ROM testing is not necessary for CA impairment rating, as according to ODG, the AMA guides require use of dual inclinometers. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines.