

<b>Case Number:</b>	CM13-0059030		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/22/2008
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Occupational Medicine, 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:

The patient is a 35 year old male who was injured on 03/22/2008 while the patient was snowboarding and struck a tree with his head. He was air-vacked to [REDACTED] emergency room. He was in intensive care unit for 11 days and underwent surgery of his right index finger after which he stayed in a rehabilitation center, [REDACTED] for 16 months, 5 days where he was taught to read, eat, dress, and regain balance. Treatment history included physical therapy, occupational therapy, Botox injection, acupuncture, home exercise program, medications, and TENS unit. Clinic note from 09/13/2013 documented the patient to have complaints of persistent neck pain with stiffness. Numbness with resting tremor of the left upper extremity, occasional fatigue, right hip and back pain, right shoulder pain, right hand pain, and has noted sleeping problems. Objective findings on exam included: Physical Examination: General: Awake, alert male in no acute distress. Ambulating with slight stiffness of the cervical spine and not wearing braces. HEENT: Normocephalic. No evidence of any trauma. Sclerae nonicteric. Neck is stiff with limited range of motion in either direction due to caution attitude towards his history of injury. Musculoskeletal: Severe tenderness over the suboccipital muscles extending over the occipital notches bilaterally. There is also moderate tenderness of the mid-cervical muscular structures overlying the trapezius, splenius capitis and semispinalis muscles. There is moderate tenderness over the levator scapula extending down to the rhomboid musculature. Lumbar Spine: There is lumbar myofascial pain. Extremities: Well-healed surgical scar of the right index finger. There is no resting tremor noted. No clubbing, cyanosis or edema. The right shoulder is noted for tenderness over the deltoid and right Ac joint. Remarkable contralateral left shoulder AC or deltoid muscle pain. Neurological: Cranial nerves 1 through XII are grossly intact. Motor Strength: Muscle strength of the upper extremities on flexion and extension at the elbow and wrist are symmetrical and physiological.

Mental Status: Awake, alert, and oriented times three. He did have difficulty in recalling details of the history. Mother was present to assist. Gait: No antalgic gait. Reflexes: Reflexes were also psychologically symmetrical. No gross focality on the exam. Deferred detailed neurological exam.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**additional physical therapy 2 x week for 6 weeks to cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, Chapter on Pain, Suffering, and the Restoration of Function, page 114; Official Disability Guidelines (ODG), PAIN Chapter

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

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. In this case, this patient continues to have neck and head pain with radiating pain to shoulder with decreased ROM. He was treated with physical therapy in May 2013 and was stopped abruptly. A follow up evaluation dated 06/26/2013 indicates that his condition had worsened since his last visit. There has been no documentation of objective functional improvement such as reduction in pain, increased strength/ROM or improved functional activities, and therefore the request for additional physical therapy 2 x 6 weeks is non-certified.

**Sleep Study:** 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), Pain (Chronic), Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The provider has requested sleep study due to patient having trouble falling and staying asleep as well as reports of daytime drowsiness. He was diagnosed with sleep disorder; however, there is no documentation of failure of the above cited

guidelines. There is insufficient information about patient's sleep pattern or education of proper sleep hygiene. Hence, the request is non-certified.