

<b>Case Number:</b>	CM13-0063670		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 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:

The patient is a 29-year-old female who reported an injury on 08/05/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cephalgia, cervical spine sprain, and bilateral shoulder sprain. The patient was seen by [REDACTED] on 12/19/2013. The patient reported persistent pain to the bilateral shoulders and cervical spine. Physical examination revealed limited range of motion with tenderness to palpation. Treatment recommendations included physical therapy, chiropractic treatment, and computerized range of motion and muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PHYSIOTHERAPY TREATMENT 3-4 PER WEEK, UP TO 24 VISITS: 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 Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, and can alleviate discomfort. The current request for 24

sessions of physical therapy exceeds guideline recommendations. There is also no documentation of this patient's previous participation in a course of physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified

**ONE (1) MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps including the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with restricted range of motion. There is no documentation of a significant neurological deficit. There is also no indication of an exhaustion of conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.

**ONE (1) NEURO CONSULTATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination only revealed restricted range of motion with tenderness to palpation. There was no documentation of a significant neurological deficit. There is no evidence of a progression or worsening of the patient's symptoms or physical examination findings. There is also no evidence of exhaustion of conservative treatment prior to the request for a specialty referral. Based on the clinical information received, the request is non-certified.

**ONE (1) COMPUTERIZED ROM AND MUSCLE TESTING:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing functioning and functional recovery. The medical necessity for computerized range of motion and muscle testing as opposed to manual testing has not been established. There is no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

**ACUPUNCTURE 4-6 PER WEEK, UP TO 24 VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 24 sessions of acupuncture treatment exceeds guideline recommendations. Therefore, the request is non-certified.