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| Case Number: | CM14-0000701 | | |
| Date Assigned: | 04/04/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Medicine, and is licensed to practice in North Carolina. 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 30-year-old with a reported date of injury of 08/05/2013. The patient has the diagnoses of cephalgia, cervical strain/sprain, bilateral shoulder strain/sprain and post-traumatic stress disorder. The documentation provided for review from the primary treating physician contains mostly hand written notes which are for the most part illegible. Per the most recent progress notes dated 10/2/2014, the patient had complaints of neck and bilateral shoulder pain. The physical exam results appear to address grip strength but are otherwise illegible. The treatment plan recommendations included 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:

Chiropractic visits, #24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

Decision rationale: The request is for chiropractic care for 24 sessions. The California MTUS recommends 4-6 chiropractic treatments with an objective gain in outcome measures before

continuing with chiropractic therapy which is then recommended at 1 visit per week. The request is in excess of the recommendations. Therefore the request is not medically necessary.

Range of motion or computerized muscle testing of the bilateral 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 (ODG), Neck and Upper Back (Acute & Chronic), ROM/Computerized 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), ROM/computerized muscle testing

Decision rationale: The ACOEM and the California MTUS do not address the specific request. The Official Disability Guidelines states: Flexibility is not recommended as a primary criterion. The relation between back range of motion measures and functional ability is weak or nonexistent. This has the implications for clinical practice as it relates to disability determination for patients with chronic back pain and perhaps for the current impairment guidelines of the American Medical Association. The ODG does not recommend the requested service and the documentation fails to provide justification for the service. Therefore the request is not medically necessary.

Range of motion/computerized muscle testing of the cervical spine: 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), Neck and Upper Back (Acute & Chronic), ROM/Computerized 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), ROM/computerized muscle testing

Decision rationale: The ACOEM and the California MTUS do not address the specific request. The Official Disability Guidelines states: Flexibility is not recommended as a primary criterion. The relation between back range of motion measures and functional ability is weak or nonexistent. This has the implications for clinical practice as it relates to disability determination for patients with chronic back pain and perhaps for the current impairment guidelines of the American Medical Association. The ODG does not recommend the requested service and the documentation fails to provide justification for the service. Therefore the request is not medically necessary.

Acupuncture visits, #24: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acupuncture Page(s): 18.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on acupuncture states that it is used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation or surgical intervention to hasten recovery. While acupuncture is a recommended treatment option for chronic pain in certain specific conditions, the time to produce results is 3-6 treatments. The request is in excess of this recommendation. Therefore the request is not medically necessary.

Orthopedic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has multiple orthopedic diagnoses including neck and shoulder pain that continues despite conservative therapy. The criteria for consult have been met and the request is medically necessary.