

Case Number:	CM14-0033851		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2013
Decision Date:	10/09/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 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 22 year old female who sustained an injury 10/13/2013 when she misstepped and fell into a hole between the ground and a trash bin, and felt pain on the left side of her ribs, head, and leg. Prior treatment history has included functional restoration program, TENS, and hot/cold therapy. Office note dated 02/04/2014 documented the patient to have complaints of left-sided rib pain that radiates to her back on the left side. She reported the pain increases with activity. She reported discomfort and tingling sensation in the left leg, but no pain. She complained of headaches that radiates to her entire left arm with severe numbness and tingling. On exam, she has limited range of motion secondary to pain. She has positive compression, Spurling and distraction tests. Her reflexes revealed C5 through C7 are equal and symmetrical. The lower extremity exam was intact and normal. She is diagnosed with headaches, rule out post-concussion syndrome, closed head trauma without loss of consciousness; upper extremity neuropathy, lower extremity radiculopathy, migraine headaches, trace cerebellar tonsillar ectopia, and aeration of the left anterior clinoid process in the brain. The patient was recommended for a neurological consult and range of motion muscle testing. Prior utilization review dated 02/26/2014 states the request for ROM and Muscle Testing; and Neurological Consultation is denied as there is no evidence demonstrating medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM and Muscle Testing: 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), Low Back; Aetna Clinical Policy Bulletin/Back Pain-Non-invasive Treatments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Flexibility, Computerized muscle testing

Decision rationale: This is a request for range of motion and muscle testing for a 22-year-old female with chronic left rib pain and headaches. MTUS guidelines do not specifically address the request. However, according to ODG guidelines, "they do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." With regard to muscle testing, ODG guidelines do not recommend it. "There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test." Therefore, medical necessity is not established.

Neurological Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Page 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 503

Decision rationale: According to MTUS guidelines, referral to a specialist is recommended when a diagnosis is complex or may benefit from additional expertise. In this case a request is made for neurological consultation for the evaluation of chronic headaches after blunt head trauma in a 22-year-old female. Medical necessity is established.