

<b>Case Number:</b>	CM15-0008695		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 39-year-old female who reported an injury on 10/20/2014. The mechanism of injury was not stated. The current diagnoses include postconcussion syndrome, thoracic sprain, thoracic myofasciitis, lumbosacral sprain, lumbar muscle spasm, rule out lumbar disc protrusion, right elbow sprain, and rule out medical epicondylitis. The injured worker presented on 01/19/2015 with complaints of moderate 7/10 sharp headache and constant moderate 6/10 upper/mid back pain and cramping. Upon examination, there was decreased sensation in the right upper extremity, 5+/5 bilateral upper and lower extremity strength, 2+ deep tendon reflexes, decreased and painful range of motion of the lumbar spine, muscle spasm in the thoracic paravertebral muscles, 2+ tenderness to palpation of the thoracic paravertebral muscles, 3+ tenderness of the lumbar paravertebral muscles, positive Kemp's testing bilaterally, positive straight leg raising bilaterally, decreased and painful right elbow range of motion, 3+ tenderness to palpation of the medial elbow and epicondyle, muscle spasm in the medial forearm, and positive Mill sign. Recommendations at that time included physical therapy 3 times per week for 6 weeks, an MRI of the lumbar spine and right elbow, and a Functional Capacity Evaluation. A Request for Authorization form was then submitted on 01/19/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, physiotherapy, kinetic activities -- 2-3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for chiropractic therapy 2 to 3 times per week for 6 weeks exceeds guideline recommendations. Therefore, the request is not medically appropriate.

**Referrals: FCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Evaluation, when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is appropriate. According to the documentation provided, the injured worker was pending authorization for an MRI of the lumbar spine and elbow. There is no documentation that this injured worker is close to reaching or has reached maximum medical improvement. There was also no documentation of any previous unsuccessful return to work attempts. Given the above, the request is not medically appropriate.

**Referrals: Pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a 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. According to the documentation provided, the injured worker was pending authorization for imaging studies of the lumbar spine and elbow. It is also noted that the injured worker had just initiated conservative treatment. The injured worker's response to conservative treatment should be determined prior to the request for a specialty referral. Given the above, the request is not medically appropriate.

**JAMAR and ROM 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, Low Back, Flexibility

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The medical necessity for the requested range of motion testing has not been established in this case. The injured worker is pending authorization for initiation of conservative treatment. There is no indication that the results of such testing will provide additional treatment options for the injured worker at this time. Given the above, the request is not medically appropriate.