

<b>Case Number:</b>	CM15-0106545		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on 10/1/14. She has reported initial complaints of neck and left upper extremity injury at work. The diagnoses have included cervical strain/sprain, cervical myospasm, rule out cervical radiculitis versus radiculopathy, thoracic sprain/strain, left wrist arthralgia, rule out carpal tunnel syndrome and right hand pain. Treatment to date has included medications, activity modifications, off work, chiropractic, and physical therapy and acupuncture sessions. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of constant upper back pain rated 6/10 on pain scale that radiates to the left shoulder, arm and hand with numbness and tingling, pulsing, throbbing and stiffness. There is constant pain in the mid back rated 6/10 on pain scale that radiates to the chest and armpit area with tenderness. There is left hand/wrist pain rated 7/10 that radiates to the fingers, forearms and elbows with numbness, tingling and weakness sensation. She also complains of chest pain in the muscle area. She also reports tension, sleeplessness, anxiety, depression, fatigue, feelings of helplessness, nervousness, worry, poor concentration, anger and crying spells. The physical exam reveals cervical tenderness with spasm on the bilateral paraspinals and left upper trapezius muscle. The thoracic spine exam reveals tenderness to palpation. The upper extremity exam reveals tenderness on the left thenar and left hypothenar and left carpal bones, positive Phalen's test on the left, with decreased grip strength on the left. The current medications included Ibuprofen. The physician prescribed medications included Naproxen, Prilosec, Fexmid and transdermal compounds to be applied to the affected areas. There is no previous therapy sessions noted in the records and there are no previous diagnostic test reports noted in the records. The physician requested treatments

included Chiropractic Treatment with Chiropractic Supervised Physiotherapy 2 times a week for 6 weeks, Acupuncture 2 times a week for 6 weeks, and 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 Treatment w/Chiropractic Supervised Physiotherapy 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Physical Medicine Page(s): 58/59.

**Decision rationale:** MTUS Guidelines support limitations on the requested treatment for chiropractic with physiotherapy. The Guidelines specifically state that chiropractic sessions should be limited to 6 sessions to demonstrate objective functional improvements. If there are improvements additional limited sessions are recommended. This request for 12 sessions of treatment significantly exceeds Guidelines recommendations under these circumstances. The Chiropractic Treatment w/Chiropractic Supervised Physiotherapy 2 x 6 is not supported by Guidelines and is not medically necessary.

#### **Acupuncture 2 x 6: Upheld**

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

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

**Decision rationale:** MTUS Guidelines recommend limiting the amount of acupuncture sessions to 6 total sessions. Under special circumstances additional sessions may be reasonable after a trial of an initial 6 sessions. There are no unusual circumstances to justify an exception to Guidelines. The request for acupuncture 2X6 is not supported by Guidelines and is not medically necessary.

#### **Range of Motion 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- Lumbar & Thoracic (Acute & Chronic), Online Version, Flexibility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back -Range of Motion/Flexibility.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and state that this type of measurement/testing is part of a routine musculoskeletal evaluation. There is demonstrated medical necessity to perform these tests as a distinct and separate service. Evaluation and management codes assume that an evaluation of a musculoskeletal body part includes its functional abilities i.e. range of motion and muscle activity. The Range of Motion and Muscle Testing as a distinct service is not supported by Guidelines and is not medically necessary as a distinct service.