

<b>Case Number:</b>	CM15-0203258		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/29/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, New York, 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 applicant is a represented 42-year-old who has filed a claim of low back pain (LBP) reportedly associated with an industrial injury of August 29, 2015. In a Utilization Review report dated September 30, 2015, the claims administrator partially approve the request for 18 sessions of chiropractic manipulative therapy as six sessions of same, failed to approve a request for functional capacity evaluation, failed to approve a request for formal grip and range of motion testing. The claims administrator referenced a September 29, 2015 RFA form and an associated 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 21, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities, right shoulder pain, and right wrist pain. The applicant exhibited hyposensorium about the right upper and right lower extremity. Well-preserved motor function was reported. 18 sessions of chiropractic "physiotherapy" x-rays of lumbar spine, right shoulder, right wrist, and a functional restoration were endorsed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy three times a week for six weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** No, the request for 18 sessions of chiropractic physiotherapy/manipulative therapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 299, if manipulation does not bring improvement in three to four weeks, it should be stopped and the applicant re-evaluated. Here, the request for an 18-session course of manipulative therapy was at odds with the MTUS Guideline in ACOEM Chapter 12, page 299 as it did not contain a proviso to re-evaluate the applicant following introduction of treatment before moving forward with such a lengthy, protracted course of manipulative therapy (AKA chiropractic physiotherapy). Therefore, the request was not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Similarly, the request for a functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was placed off of work, on total temporary disability, as of the date of the request, September 21, 2015. It was not clearly stated whether the applicant had a job to return to or whether the applicant was intent on returning to the workplace and/or workforce. It was not clearly stated, in short, why functional capacity testing was sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.

**JAMAR grip strength testing and ROM (range of motion):** 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, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination, and Low Back Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** Similarly, the request for grip strength testing and range of motion testing was likewise not medically necessary, medically appropriate, or indicated here. The applicant's pain generators included the low back, shoulder, and wrist, the treating provider reported on September 21, 2015. However, the MTUS Guideline in ACOEM Chapter 12, page 293 notes that range of motion measurements of the low back, one of the body parts at issue, are of

"limited value" owing to the marked variation amongst applicants with and without symptoms. In a similar vein, the MTUS Guideline in ACOEM Chapter 9, page 200 also notes that an applicant shoulder range of motion should be determined "actively and passively," while the MTUS Guideline in ACOEM Chapter 11, page 257 also notes that an applicant's wrist range of motion should be evaluated actively and passively within an applicant's limits of comfort. Thus, the MTUS Guideline(s) in ACOEM Chapter 11, page 257, ACOEM Chapter 9, page 200, and ACOEM Chapter 12, page 293 do not seemingly support the range of motion testing at issue. Since the range of motion testing component of the request was not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.