

<b>Case Number:</b>	CM15-0207619		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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:

This 29 year old man sustained an industrial injury on 12-5-2014. Diagnoses include right knee degenerative joint disease, left shoulder sprain-strain, left leg sprain-strain and cervical spine sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 dated 5-4-2015 show complaints of bilateral hand pain. The physical examination shows "decreased" range of motion of the cervical spine. Measurements are not listed. Recommendations include physiotherapy, chiropractic care, acupuncture, computerized range of motion and muscle testing, and an orthopedic consultation. Utilization Review denied requests for orthopedic consultation, acupuncture, computerized range of motion and muscle testing, chiropractic care, physical therapy on 10-8-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho consult:** 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 chapter - Evaluation and Treatment (E&M) ACOEM, Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The medical record lacks sufficient documentation and does not support a referral request. Ortho consult is not medically necessary.

**Acupuncture x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). The initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture x 2 is not medically necessary.

**Computerized Range of Motion (ROM) of the cervical spine, lumbar spine, upper and lower extremity x 1 visit:** 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.

**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 (Acute & Chronic), Flexibility.

**Decision rationale:** The Official Disability Guidelines do not recommended range of motion of the lumbar spine as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). The Guides 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. Computerized Range of

Motion (ROM) of the cervical spine, lumbar spine, upper and lower extremity x 1 visit is not medically necessary.

**Chiro x 4:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Chiro x 4 is not medically necessary.

**Physical therapy x 6 to include diathermy massage, EMS and USN (Not to leg):** 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 chapter - Physical therapy guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy x 6 to include diathermy massage, EMS and USN (Not to leg) is not medically necessary.