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| Case Number: | CM15-0047617 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 10/08/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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, Hawaii
 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 46 year old female, who sustained an industrial injury on 10/08/2014. She reported injury to the neck, back, left elbow, bilateral hands/wrists, and lower extremities. The injured worker was diagnosed as having cervical sprain/strain; left elbow sprain/strain; bilateral hand/wrist sprain/strain; lumbar spine sprain/strain; and lumbar radiculitis. Treatment to date has included medication, diagnostic testing, bracing, acupuncture, and physical therapy. A progress report from the treating provider, dated 01/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain from the neck down into the left upper extremity down to her fingers; and pain is rated 7-8/10 on the visual analog scale. The treatment plan includes continuation of her functional restoration and requests for range of motion and muscle testing; pain management consultation for lumbar spine; and pain management for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, Flexibility AETNA Policy Online quantitative muscle testing devices.

Decision rationale: The patient has ongoing pain in the neck and left upper extremity, low back pain, left elbow pain, bilateral wrist and hand pain, bilateral feet pain, and an eye disorder. The current request is for range of motion and muscle testing. The MTUS Guidelines do not address ROM testing. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the cervical and lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing or muscle testing outside of the standard routine part of a physical examination. With regard to muscle testing, Aetna considers the use of quantitative muscle testing devices (e.g., MedX Lumbar and Cervical Extension Devices, Isostation B-200 Lumbar Dynamometer, Kin-Com Physical Therapy Isokinetic Equipment, Cybex Back System, Biodex System 3, JTECH Tracker Freedom Wireless Muscle Testing) experimental and investigational when used for muscle testing because there is insufficient evidence that use of these devices improves the assessment of muscle strength over standard manual strength testing such that clinical outcomes are improved. The available records do not establish medical necessity as no clear rationale is noted to explain the request for ROM testing or muscle testing. As such, recommendation is for denial. Therefore, the requested treatment is not medically necessary.

Pain management consultation for lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127.

Decision rationale: The patient has ongoing pain in the neck and left upper extremity, low back pain, left elbow pain, bilateral wrist and hand pain, bilateral feet pain, and an eye disorder. The current request is for pain management consult for the lumbar spine. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for (1) Consultation: to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examiners fitness to return to work. In this case, the attending physician is requesting a pain management consult to help in therapeutic management of this patient. The current request is medically necessary and the recommendation is for authorization.

Pain management consultation for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127.

Decision rationale: The patient has ongoing pain in the neck and left upper extremity, low back pain, left elbow pain, bilateral wrist and hand pain, bilateral feet pain, and an eye disorder. The current request is for pain management consult for the Cervical spine. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for (1) Consultation: to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examiners fitness to return to work. In this case, the attending physician offers no explanation as to the purpose of a separate pain management consultation for the cervical spine. The current diagnosis for the cervical spine is cervical sprain/strain and cervical disc herniation. The available documentation does not establish medical necessity for the request. As such, recommendation is for denial. Therefore, the requested treatment is not medically necessary.