

<b>Case Number:</b>	CM15-0081346		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Pennsylvania, Ohio, California  
 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 56-year-old female, who sustained an industrial injury on 5/2/13. The injured worker was diagnosed as having cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, right hip pain, right hip sprain/strain, right knee internal derangement, right knee pain and right knee sprain/strain with (ACL) Anterior Cruciate Ligament tear. Treatment to date has included oral medications, activity restrictions and pain management. Currently, the injured worker complains of frequent moderate stabbing neck pain and cramping rated 5/10, constant sharp low back pain with stiffness and weakness rated 8/10, constant moderate, achy, sharp, stabbing right hip pain and heaviness relieved with medication and constant severe achy, sharp, stabbing right knee pain and stiffness rated 8/10 with relief from medication. Physical exam noted decreased range of motion of cervical spine with tenderness to palpation of the cervical paravertebral muscles and muscle spasm of cervical paravertebral muscles; tenderness to palpation of the lumbar paravertebral muscles and right gluteus with muscle spasm of lumbar paravertebral muscles and painful range of motion, painful range of motion of right knee with hematoma on anterior right lower leg and tenderness to palpation of anterior knee, lateral knee, medial knee and posterior knee. Request for authorization was submitted for therapeutic exercises, etc. , chiropractic treatment and medical and orthopedic consultations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises, electrical stimulation, mechanical traction, infrared, matrix and computer-assisted electrical muscle stimulation at one time per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercises, Electrical Stimulation devices Page(s): 98, 99, and 114. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Mechanical traction and infrared.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58 and 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised chiropractic or supervised rehabilitation rather than independent rehabilitation. Additionally MTUS does not recommend maintenance chiropractic treatment. This request is not medically necessary.

**Orthopedic Surgical Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 6, Pain, Suffering, Restoration of Function, page 112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Consultation Page 127.

**Decision rationale:** ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. Given ongoing pain without substantial response to treatment to date, evaluation by a physician of a different specialty may help provide input into this patient's care. Therefore, this request is medically necessary.

**Chiropractic manipulation for 3 to 4 regions two times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): s 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): s 58 and 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised chiropractic or supervised rehabilitation rather than independent rehabilitation. Additionally MTUS does not recommend maintenance chiropractic treatment. This request is not medically necessary.

**Internal medicine consultation to review cardio respiratory and sleep study recommendations:** 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), cardio respiratory and sleep studies; Pain Management and on the Non-MTUS ACOEM Practice Guidelines Chapter 6, Pain, Suffering, Restoration of Function, page 115.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Consultation Page 127.

**Decision rationale:** ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the patient requires an internal medicine consultation and how/why this would impact his clinical course. Therefore, given this limited information, it is not possible to apply a guideline at this time. This request is not medically necessary.