

Case Number:	CM15-0085956		
Date Assigned:	06/24/2015	Date of Injury:	09/05/2014
Decision Date:	07/30/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York

Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 09/05/2014. On provider visit dated 03/05/2015 the injured worker has reported neck pain, low neck pain and bilateral wrist pain. On examination of the cervical spine and lumbar spine was noted to have a decreased range of motion with pain. Tenderness to palpation and muscle spasms were noted in both of these areas as well. Right wrist range of motion as decreased and painful and tenderness to palpation of the dorsal wrist was noted with muscle spasm of the forearm and thenar. Left wrist was noted to have a decreased range of motion and tenderness to palpation. Phalen's sign causes pain bilaterally. The diagnoses have included cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, and lumbar sprain/strain, right carpal tunnel syndrome, left carpal tunnel syndrome, anxiety and depression. The provider requested range of motion testing, chiropractic care 1 x 6 to increase range of motion, acupuncture 1 x 6 to reduce pain and spasms, orthopedic surgical consultation for the bilateral wrists for treatment option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion (ROM) testing 1 time per month (unclear body part(s)): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) and Low Back - Lumbar & Thoracic (Acute & Chronic) - Flexibility.

Decision rationale: CA MTUS do not discuss this issue. As per Official Disability Guidelines (ODG) not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps for the current impairment guidelines of the American Medical Association. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way and computerized measures of lumbar spine range of motion is not recommended. Based on the currently available medical information for review, there is no documentation indicating why this test is requested. Also the request does not specify body part. Therefore, the requested treatment is not medically necessary.

Chiropractic care, 1 time per week for 6 weeks (unclear body part(s)): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Per MTUS guidelines it is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The Medical Records are not clear about the functional benefit, this injured worker had from prior Chiropractic visits. The request does not specify for what body parts it is requested for. The request for Chiropractic therapy is not medically necessary and appropriate

Acupuncture, 1 time per week for 6 weeks (unclear body part(s)): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of

acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Medical necessity for any further acupuncture is considered in light of "functional improvement." There is evidence that this injured worker has received treatments with acupuncture before, but the documentation is not clear about the functional improvement that would support continuation of this request. Of note, the request does not specify for what body parts it is requested for. Therefore, the requested treatment is not medically necessary.

Orthopedic surgical consultation for the Bilateral Wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; and ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

Decision rationale: As per MTUS/ACOEM Referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility. Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The treating provider does not explain why referral is needed. Medical records are not clear about any significant change in injured worker's chronic symptoms. Given the lack of documentation, the request is not medically necessary.