

<b>Case Number:</b>	CM14-0117778		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66 year old male who had a work injury dated 9/30/12. The diagnoses include lumbar, thoracic, and cervical disc protrusions; shoulder labral tear, bilateral elbow medial epicondylitis; bilateral wrist TFCC tear; Under consideration are requests for physical therapy 2 x 4 and National Institute for Occupational Safety and Health (NIOSH) Testing. There is a 6/12/14 progress note which is handwritten. The document states that the patient has 5/10 pain in the cervical, lumbar, and thoracic areas. The shoulder, bilateral elbow, bilateral hand, and bilateral knee pain is 5/10. The patient complains of left greater than right numbness in the bilateral lower extremities. There is a positive Kemp test. There is tenderness of the paraspinals. The straight leg raise is normal. The patient is alert and oriented. The treatment includes physical therapy and NIOSH testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 xs week x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy 2 x 4 is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has had prior physical therapy. The documentation does not indicate evidence of functional improvement from prior therapy therefore an additional 8 sessions of supervised physical therapy is not medically necessary.

**National institute for occupational safety and health (NIOSH) testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ([www.cdc.gov/niosh](http://www.cdc.gov/niosh))

**Decision rationale:** National Institute for Occupational Safety and Health (NIOSH) Testing is not medically necessary per the MTUS Guidelines. The MTUS California Chronic Pain Medical Treatment Guidelines recommends functional improvement measures such as NIOSH testing to demonstrate maintenance or improvement of function. The NIOSH website ([www.cdc.gov/niosh](http://www.cdc.gov/niosh)) does not offer any specific guidelines for functional testing. Therefore there is no need for any specialized testing other than a physical examination. The MTUS guidelines states that this would include objective measures of the patient's functional performance such as lifting, repetitive motion, and documented pain levels on a VAS scale. The guidelines state that this should include range of motion documented in degrees. There should also be a provider assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. Since NIOSH does not offer an specific requirements the functional improvement testing can be done in a clinical setting on routine follow up visit. Therefore the request for National Institute for Occupational Safety and Health (NIOSH) Testing is not medically necessary.