

<b>Case Number:</b>	CM14-0027087		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 58 year-old male who was reportedly injured on August 11, 2009. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain and intercostal pain (neuritis). The physical examination demonstrated a full range of motion the right shoulder, a normal cervical spine examination, good strength bilaterally. Diagnostic imaging studies noted multiple fractures. Previous treatment includes multiple medications, injection therapy, physical therapy, acupuncture and transcutaneous electrical nerve stimulation. A request was made for functional capacity evaluation and was not certified in the pre-authorization process on 02/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 Independent Medical Evaluations and Consultations-referral issues and the IME process (electronically cited).

**Decision rationale:** This is noted as a slip and fall type event. Multiple refreshes noted. Several months after the date of injury, injured worker was developing complaints of neck pain and low back pain. The pathology in the cervical and lumbar spine appears to be soft tissue contusion type event. As such, there is no clinical indication presented that the functional abilities will add to the treatment, change a diagnosis or sellers return to work. Therefore this request for Functional Capacity Evaluation is not medically necessary.

**MRI study - lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** After reviewing the progress notes of the last several months there is no indication of progressive degenerative changes, unequivocal objective evidence of expanding nerve root compromise or nerve root compromise. Therefore, the standards noted are not met and a magnetic resonance image is not medically necessary.

**MRI study - cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** After reviewing the progress notes of the last several months there is no indication of progressive degenerative changes, unequivocal objective evidence of expanding nerve root compromise or nerve root compromise. Therefore, the standards noted are not met and a magnetic resonance image is not medically necessary.

**MRI study - right shoulder:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** There is nothing in the progress notes to establish that there are structural indications or surgical lesion for repeat study. Furthermore, usually a physical examination that would support an additional study. As such, this is not medically necessary.

**MRI study - brain:** 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 Official Disability Guidelines (ODG).

**Decision rationale:** There is nothing in the progress notes to establish that there are structural indications or surgical lesion for repeat study. Furthermore, usually a physical examination that would support an additional study. As such, this is not medically necessary.

**EMG study - bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, electrodiagnostic studies may be helpful to identify subtle focal neurologic dysfunction. Based on the physical examination reported there is no global expanding or changing neurologic dysfunction. As such, there is no clinical indication to pursue electrodiagnostic assessment.

**EMG study - bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has no signs or symptoms consistent with a radiculopathy, as such, there is insufficient clinical evidence presented to support the medical necessity of such a investigation.

**NCV study - bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, electrodiagnostic studies may be helpful to identify subtle focal neurologic dysfunction. Based on the physical examination reported there is no global expanding or changing neurologic dysfunction. As such, there is no clinical indication to pursue electrodiagnostic assessment.

**NCV study - bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant has no signs or symptoms consistent with a radiculopathy, as such, there is insufficient clinical evidence presented to support the medical necessity of such an investigation.

**lumbosacral back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** American College of Occupational and Environmental Medicine treatment guidelines do not support the use of a lumbosacral orthosis or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.

**physical therapy - cervical spine, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** When considering the date of injury, noting the injury sustained, the past treatments completed as well as the nothing in the clinical indication why the appropriate

exercises cannot become with a home exercise protocol is insufficient clinical evidence to establish the medical necessity for such a request.

**physical therapy - lumbar spine, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** An exercise protocol is beneficial. As noted in the American College of Occupational and Environmental Medicine guidelines, after one or 2 sessions of formal physical therapy transition to home exercise protocol would be supported. Noting that the lumbar spine has undergone a course of physical therapy, a transition to home exercise protocol should have been completed thereby establishing there is no medical necessity for this intervention.

**physical therapy - right shoulder, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** An exercise protocol is beneficial. As noted in the American College of Occupational and Environmental Medicine guidelines, after one or 2 sessions of formal physical therapy transition to home exercise protocol would be supported. Noting that the lumbar spine has undergone a course of physical therapy, a transition to home exercise protocol should have been completed thereby establishing there is no medical necessity for this intervention.

**physical therapy - bilateral wrists, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** When considering the date of injury, the injury sustained, and the physical examination reported tempered by the parameters noted in the American College of Occupational and Environmental Medicine guidelines there is no data presented to support the medical necessity of additional physical therapy for the bilateral wrists.

**x-ray - cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** When considering the date of injury, the injury sustained, the treatment to date and the clinical evaluation noted completed tempered by the physical examination reported by this chiropractic provider there is no data presented to suggest the need for a repeat plain film of the cervical spine.