

Case Number:	CM17-0009441		
Date Assigned:	01/19/2017	Date of Injury:	10/18/2016
Decision Date:	02/16/2017	UR Denial Date:	12/21/2016
Priority:	Standard	Application Received:	01/13/2017

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, Missouri, Mississippi
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:

This case involves a now 46-year-old male with a history of an occupational claim from 10/18/2016. The mechanism of injury is detailed as a motor vehicle accident. The current diagnosis is documented as contusion of scalp. Past treatment included work restrictions. On 12/08/2016, it was documented the patient had complaints of pain to the cervical spine, thoracic spine, and head. He rated his pain as 8/10. Upon physical examination, it was noted His range of motion was decreased to the cervical spine noting 40 degrees on flexion, 50 degrees on extension, 35 degrees on bilateral lateral bending, and 70 degrees on bilateral rotation. Range of motion to the thoracic spine was limited noting 40 degrees on flexion and 20 degrees on bilateral rotation. Tenderness to palpation was noted as was spasm. Medications were not specified. The treatment plan included imaging, functional capacity evaluation, acupuncture, and referral. A Request for Authorization form was signed on 12/16/2016 and included the requests below. A prior denial was made on 12/22/2016 for medication management consultation as there was no documentation noting prior medication usage; for functional capacity evaluation as there was no documentation noting return to work attempts; for acupuncture as efficacy was not noted; for x-rays as red flags were not noted; and for range of motion testing as a rationale was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Jamar grip test: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility.

Decision rationale: California MTUS/ACOEM does not address this request. According to the Official Disability Guidelines, grip strength testing is not recommended as a primary service, but should be part of a routine musculoskeletal evaluation. The clinical documentation submitted for review did not provide a rationale for this request. Further, the guidelines do not support the request. As such, the request is not medically necessary.

Range of motion of test: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility.

Decision rationale: California MTUS/ACOEM does not address this request. According to the Official Disability Guidelines, range of motion testing is not recommended as a primary service, but should be part of a routine musculoskeletal evaluation. The clinical documentation submitted for review did not provide a rationale for this request. Further, the guidelines do not support the request. As such, the request is not medically necessary.

X-rays of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Guidelines, imaging is indicated when there is documentation noting red flags despite conservative care. The clinical documentation submitted for review did not provide significant objective findings indicative of red flags to this region. Further, there was no documentation noting failure of conservative care to include physical therapy. As such, the request is not medically necessary.

X-rays of the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Guidelines, imaging is indicated when there is documentation noting red flags despite conservative care. The clinical documentation submitted for review did not provide significant objective findings indicative of red flags to this region. Further, there was no documentation noting failure of conservative care to include physical therapy. As such, the request is not medically necessary.

X-rays of the head: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, X-Rays.

Decision rationale: California MTUS/ACOEM does not address this request. According to the Official Disability Guidelines, x-rays are recommended if CT scans are not available. The clinical documentation submitted for review did not note a rationale for this request. Further, there was lack of information noting CT scans were unavailable. As such, the request is not medically necessary.

Acupuncture for the cervical and thoracic spine two times a week times three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the California MTUS Acupuncture Guidelines, acupuncture is recommended for those that have reduced or are intolerant to medications. Such treatment is indicated for no more than 2 months after an initial 6 visit trial with documentation noting functional improvement. The clinical documentation submitted for review did not note the number of sessions completed to date and outcome. There was no documentation noting reduction or intolerance to medications. As such, the request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to the ACOEM Guidelines, functional capacity evaluations may be useful in those with delayed healing. More specifically, the Official Disability Guidelines indicate that functional capacity evaluations are performed prior to admission into a work hardening program. They are recommended when there is documentation noting prior return to work attempts were unsuccessful, conflicting medical reporting, or close or at MMI. The clinical documentation submitted for review did not note prior unsuccessful return to work attempts. Further, there was no documentation noting an anticipated admission into a work hardening program. As such, the request is not medically necessary.

Medication management consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the ACOEM Guidelines, referrals/consultations are warranted on the basis of delayed healing. The clinical documentation submitted for review did not note what medications this patient was prescribed. As such, the request is not medically necessary.