

<b>Case Number:</b>	CM14-0145370		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine and is licensed to practice in California. 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 24-year old male whose date of injury is 01/22/2013. The injured worker was involved in a motor vehicle accident and injured the neck, back, chest and shoulder. Treatment to date includes medication management, chiropractic treatment and MRI scans. Panel QME dated 01/30/14 indicates that the injured worker was taking ibuprofen. Diagnoses are X-ray evidence of no displaced fracture left inferior pubic ramis, cervical spine strain/sprain, right elbow contusion, right shoulder contusion/sprain, lumbar spine strain/sprain, and right knee contusion/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 6 weeks:** 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), Shoulder Chapter, physical therapy

**Decision rationale:** Based on the clinical information provided, the request for physical therapy two times per week for six weeks is not recommended as medically necessary. The body part to

be treated is not documented. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time limited treatment goals are provided. Therefore, Physical Therapy 2 x week x 6 weeks is not medically necessary.

**Neurology Consultation:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** Based on the clinical information provided, the request for neurology consultation is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support the request. It is unclear how the requested consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM guidelines. Therefore, Neurology Consultation is not medically necessary.

**Pain Management Consultation:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** Based on the clinical information provided, the request for pain management consultation is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support the request. It is unclear how the requested consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM guidelines. Therefore, Pain Management Consultation is not medically necessary.

**Sleep Study:** 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), Pain Chapter, Polysomnography

**Decision rationale:** The submitted records fail to establish that the injured worker meets ODG criteria for Polysomnography. The Official Disability Guidelines report that polysomnograms / sleep studies are recommended for the combination of indications listed below: excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep related breathing disorder or periodic limb movement disorder is suspected; & insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep promoting medications and psychiatric etiology has been excluded. There is no current documentation provided that the injured worker meets any of these criteria, and therefore, the Sleep Study is not medically necessary.