

<b>Case Number:</b>	CM13-0019961		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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:

This claimant is a 61-year-old male with a reported date of injury of 07/06/2012. Mechanism of injury was standing on top of a 4 foot scaffold installing foam when he felt the platform shift, causing him to fall. He was seen on 09/10/2012 for initial evaluation; at that time he presented with complaints of pain to the cervical spine, pain to the right shoulder, and pain to the right wrist and hand. It was noted then on examination he had decreased, painful range of motion of the cervical spine, upper extremity reflexes were 2+, and sensation was decreased to the left at C6 and C7. Codman's test was positive on the right, Speed's test was positive on the right, and supraspinatus tendon was positive on the right with decreased range of motion of the right shoulder with pain. He returned on 08/05/2013 with continued pain in the cervical spine, right shoulder, right wrist, and hand. Codman's test was positive in the right shoulder, as was Speed's test and supraspinatus test. He was released to work with restrictions on 08/05/2013 with no use of the right hand and no lifting greater than 10 pounds. Diagnosis included carpal tunnel syndrome, cervical spondylosis without myelopathy, rotator cuff syndrome of the right shoulder, and tendinitis/bursitis of the right hand and wrist. Recommendation at that time was to obtain a follow-up visit with range of motion measurement and a Qualified Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit with range of motion measurement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOM - Consultation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, office visits

**Decision rationale:** MTUS guidelines do not specifically address this issue. ODG, in discussing office visits, states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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." The medical records demonstrate this claimant was last seen on 08/05/2013 and was released back to work with restrictions. It was not noted that this claimant was placed on any medications at that time. Office visits are based on medical necessity and the last visit noted for this review was 08/05/2013. That clinical note also indicated the claimant an appointment with an orthopedic surgeon and that report was not provided for this review. The current status of this patient is therefore unknown. Due to lack of significant clinical information, this request is not considered medically necessary at this time and is non-certified.

**Qualified functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS reference to ACOM - Consultation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**Decision rationale:** California MTUS Chronic Pain Guidelines indicate functional improvement measures are considered reasonable and necessary, but they may include different varieties such as the pain scales and/or self-report of functional tolerance. The most recent note was dated 08/05/2013 and the records indicate that the patient was released back to work with restrictions at that time. The record indicates he was to see an orthopedic surgeon and that clinical note was not provided for this review. Due to lack of documentation of the current status of this claimant, this request is not certified.