

Case Number:	CM13-0049088		
Date Assigned:	02/19/2014	Date of Injury:	01/20/2009
Decision Date:	04/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pain Management 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:

This is a female patient with the date of injury of January 20, 2009. A utilization review determination dated October 25, 2013 recommends non-certification of follow-up visit, range of motion measures, patient education, neurosurgery consult, and orthopedic surgery consult. The previous reviewing physician recommended non-certification of follow-up visit, range of motion measurements, and patient education due to lack of documentation of how many chiropractic visits have been rendered as well as any objective functional improvement obtained and non-certification of neurosurgery consult and orthopedic surgery consult due to lack of documentation of objective examination findings indicating the medical necessity for referral. A Progress Report dated October 10, 2013 identifies Subjective Findings of constant severe cervical spine pain, frequent slight thoracic spine pain, constant moderate bilateral shoulder pain, constant severe bilateral wrist and hands pain, and constant severe bilateral ankles and feet pain. Objective Findings identify +4 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. There was 4+ spasm and tenderness to the bilateral thoracic paraspinal muscles from T1 to T11. There was 4+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1, quadratus lumborum and multifidus. Kemp's test was positive bilaterally. Straight leg raise test was positive bilaterally. Braggard's was positive bilaterally. Yeoman's was positive bilaterally. There was +4 spasm and tenderness to the bilateral upper shoulder muscles. Codman's test was positive bilaterally. Speed's test was positive bilaterally. Supraspinatus test was positive bilaterally. There was +4 spasm and tenderness to the bilateral anterior wrists. Tinel's (carpal) test was positive bilaterally. Tinel's (Guyon) test was positive bilaterally. Bracelet test was positive bilaterally. There was +4 spasm

and tenderness to the bilateral lateral and medial malleoli. Diagnostic Impression identifies lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, tarsal tunnel entrapment of left ankle, and carpal tunnel syndrome (median nerve entrapment at the bilateral wrists). Discussion and Treatment Plan identifies the patient needs a neurosurgical consultation for treatment options based on the MRI and the red flags of the patient's severe radicular complaints and the positive neurological exam findings. The patient needs a surgical orthopedic consultation. The bilateral wrists and left ankle are to be examined for a second opinion for surgery for the bilateral wrists and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP OFFICE VISIT FOR CERVICAL/LUMBAR SPINE, LEFT ANKLE AND BOTH WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 177, 903, 1042.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for follow-up office visit per 10/10/13, California MTUS and ACOEM do not contain criteria. ODG states 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Within the documentation made available for review, the patient's symptoms and functional deficits were noted. However, there is no documentation of any ongoing treatment that requires monitoring with a follow-up visit. In the absence of such documentation, the currently requested follow-up office visit per 10/10/13 is not medically necessary.

RANGE OF MOTION MEASURES FOR CERVICAL/LUMBAR SPINE, LEFT ANKLE AND BOTH WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

Decision rationale: Regarding the requested range of motions measures, Occupational and Environmental Medicine Guidelines state examining the musculoskeletal system and elements of

other organ systems, particularly those involving tenderness, pain, range of motion, or effort, are subjective to some extent because the patient's response or interpretation is required for findings on the examination. Some patients with musculoskeletal and other complaints will have no objective findings. Within the documentation made available for review, there is no clarification as to whether or not the requested range of motion measurements are to be done with traditional means or computerized measurements and if it is the latter, a rationale as to why computerized range of motion measurements are needed. In the absence of clarity regarding this issue, the currently requested range of motion measures is not medically necessary.

PATIENT EDUCATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for patient educations, California MTUS and ACOEM do not contain criteria. ODG states 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Within the documentation made available for review, the patient's symptoms and functional deficits were noted. Patient education should generally be provided as part of a regular consultation and/or follow-up. However, there is no documentation of any ongoing treatment that requires monitoring with a follow-up visit. Given that follow-up visit is determined to be not medically necessary, the currently requested patient educations is not medically necessary.

NEUROSURGERY CONSULTATION FOR CERVICAL SPINE IS NOT: 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for neurosurgery consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, neurosurgery consultation is requested for treatment options based on the MRI and the red flags

of the patient's severe radicular complaints and the positive neurological exam findings. However, the specific neurological findings are not clearly documented. There is no mention that treatment options available to the requesting physician have been exhausted. In light of the above issues, the currently requested neurosurgery consultation is not medically necessary.

ORTHOPAEDIC SURGERY CONSULTATION FOR THE LEFT ANKLE AND BOTH WRISTS: 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 The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for orthopedic surgery consult, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, orthopedic surgery consult is requested due to bilateral wrists and left ankle are to be examined for a second opinion for surgery for the bilateral wrists and left ankle. However, there is no mention of findings supported by imaging which would require surgical treatment. In the absence of such documentation, the currently requested orthopedic surgery consult is not medically necessary.