

Case Number:	CM13-0055233		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2012
Decision Date:	03/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic, knee, bilateral shoulder, and neck pain reportedly associated with an industrial injury of July 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant has not worked since the date of injury, it is stated on a September 23, 2013 progress note. In a Utilization Review Report of October 9, 2013, the claims administrator approved a follow-up visit while denying range of motion testing. The applicant's attorney subsequently appealed. In an October 16, 2013 progress note, the attending provider appealed the request for denial of range of motion testing, stating that these range of motion measurements represent a form of measurement of functional improvement. An earlier note of September 23, 2013 is notable for comments that the applicant has not worked since the date of injury. The applicant exhibits near-normal bilateral shoulder range of motion to 170 degrees, normal 50 degrees of flexion and 80 degrees of bilateral rotation about the cervical spine and 140 degrees of elbow motion. Computerized range of motion testing is nevertheless sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement and patient education: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 1019, 1012-1013, 557, 552-553, 177, 169-172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 200, 170, 257, 333-334, Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: While page 44 of the MTUS Chronic Pain Medical Treatment Guidelines does support ongoing education of an applicant and family members in those individuals with chronic pain issues, in this case, however, the attending provider has not clearly stated and precisely what the educational course in question represents. It is further noted that the education request has been tied to a request for range of motion testing. However, the MTUS-adopted ACOEM Guidelines in Chapters 8, 9, 11, and 13 all note that range of motion should be measured both actively and passively and that range of motion testing is part and parcel of an attending provider's physical exam. There is no support for the computerized range of motion testing seemingly being sought by the attending provider. Therefore, the request is not certified owing to the unfavorable ACOEM recommendations, the fact that both requests were tied together, and the fact that the attending provider did not clearly state what sort of education or instruction he intends here.