

Case Number:	CM14-0007118		
Date Assigned:	02/07/2014	Date of Injury:	09/12/2013
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/19/2014

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 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 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 patient is a 39-year-old male who has submitted a claim for cervical disc herniation with myelopathy, thoracic and lumbar disc displacement with myelopathy, sciatica, bursitis and tendinitis of the bilateral shoulders, and partial tear of rotator cuff tendon of the bilateral shoulders. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral shoulders, cervical, lumbar, and thoracic spine pain. Physical examination of the cervical spine showed tenderness and spasms in the cervical paraspinals, positive axial compression test, decreased right triceps reflex, positive Schepelmann's test, decreased and painful lumbar ROM, positive Kemp's test, positive SLR, decreased Achilles reflex, positive shoulder compression test, positive Codman's, positive Speed's test, and positive supraspinatus test. The treatment to date has included ice application, slings, NSAIDs, opioids, topical analgesics, and physical therapy sessions. Utilization review from January 8, 2014 denied the request for range of motion measurement and patient education because both of these are part of a standard follow-up visit and should not be considered as an additional treatment. The request for 6 sessions of therapeutic exercises for cervical, thoracic, lumbar, and bilateral shoulders was denied because there was no functional improvement noted since the patient's recent examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION MEASUREMENTS & PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Flexibility.

Decision rationale: The California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Range of motion measurements and patient education are not considered as an additional treatment; they are usually included as a part of a follow-up visit. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for range of motion measurements and patient education is not medically necessary.

SIX (6) SESSIONS OF THERAPEUTIC EXERCISES FOR CERVICAL, THORACIC, LUMBAR AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the total number of completed physical therapy sessions was not clearly stated. Progress notes from November 19, 2013 reported increased ADLs, decreased pain scores, and increased ROM for the lumbar spine. However, progress report from December 20, 2013 noted no additional physical therapy was needed as there was no functional improvement since the last examination. In addition, there were no reported functional gains from physical therapy regarding the bilateral shoulders, cervical, and thoracic spine. Therefore, the request for six sessions of therapeutic exercises for cervical, thoracic, lumbar, and bilateral shoulders is not medically necessary.