

Case Number:	CM14-0158343		
Date Assigned:	10/01/2014	Date of Injury:	05/02/2012
Decision Date:	11/25/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, ankle, and wrist pain reportedly associated with an industrial injury of May 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and computerized range of motion testing of various body parts. In a Utilization Review Report dated September 22, 2014, the claims administrator retrospectively denied computerized range of motion measurements and x-rays apparently performed on October 10, 2013, December 23, 2012, and December 31, 2012. The applicant's attorney subsequently appealed. The bulk of the documentation provided comprised of HCFA billing forms, many of which were blurred as a result of repetitive photocopying. On January 8, 2013, the applicant was apparently declared permanent and stationary using a variety of computerized range of motion measurements and x-ray measurements. The applicant was not apparently working. On December 31, 2012, the applicant apparently transferred care to a new primary treating provider, reporting issues with neck pain, shoulder pain, wrist pain, low back pain, and ankle pain, with derivative complaints of stress, sleep disturbance, and stomach upset, all attributed to cumulative trauma at work. The applicant was apparently using Naprosyn for pain relief. The applicant had a history of depression and a history of reflux, it was acknowledged. X-rays of the cervical spine, lumbar spine, wrist, and ankle were all performed on December 31, 2012 and were notable only for low-grade degenerative changes, and spondylolytic changes with no discrete fractures evident. Computerized range of motion and muscle testing were performed. On March 4, 2014, further computerized range of motion testing and anatomic measurements were performed. The applicant was given a 24% whole person impairment rating. The applicant was not working and was described as a 'qualified injured worker.' Permanent work restrictions were imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anatomical Impairment Measurements- Cervical Spine (DOS 10/10/13):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170.

Decision rationale: The request in question represents a request for computerized range of motion testing. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 170, range of motion measurements of the neck and upper back are of 'limited value' owing to the marked variation in range of motion amongst applicants with and without symptoms. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The anatomic impairment measurements do not appreciably influence the treatment plan, it is further noted. Therefore, the request was not medically necessary.

Retrospective Anatomical Impairment Measurements Lumbar Spine DOS: 10/10/13:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value," owing to the marked variation amongst applicants with and without symptoms. In this case, the range of motion measurements of the lumbar spine did not influence the treatment plan in any appreciable way. The attending provider did not furnish any compelling applicant-specific information which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Retrospective Anatomical Impairment Measurements Left Ankle DOS: 12/23/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 385-386.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, pages 365-366, the range of motion of the foot and ankle should be determined "both actively and passively." There is, by implication, no supporting ACOEM for the computerized measurements of the ankle performed on December 23, 2012. The anatomic impairment measurements (AKA range of motion measurements) did not influence the treatment plan in any appreciable way, it is furthermore noted. Therefore, the request was not medically necessary.

Retrospective Anatomical Impairment Measurements Left Wrist DOS 12/23/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 257, range of motion of the forearm, wrist, and hand can be evaluated actively and passively within an applicant's limits of comfort. By implication, then, the computerized range of motion testing performed on December 23, 2012 is not endorsed by ACOEM, which recommends active and passive measurement of an applicant's wrist range of motion. The anatomic impairment measurements performed did not, it is further noted, appreciably influence or alter the treatment plan in any way. Therefore, the request was not medically necessary.

Retrospective Anatomical Impairment Measurements Right Wrist DOS 12/23/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 257, range of motion of the forearm, hand, and wrist should be evaluated actively and passively within an applicant's limits of comfort. By implication, then, the computerized range of motion measurements of the wrist were not endorsed by ACOEM. These anatomic impairment measurements, furthermore, did not influence the treatment plan in any appreciable way. Therefore, the request was not medically necessary.

Retrospective Radiological Consultation Report Cervical Spine DOS: 12/31/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of cervical spine x-rays is "not recommended" if red flags are absent. In this case, there were no red flags, fracture, infection, or tumor evident on December 31, 2012. Rather, the attending provider seemingly performed x-rays of numerous body parts in a routine manner, with no intention of acting on the results of the same. Therefore, the request was not medically necessary.

Retrospective Radiological Consultation Report Lumbar Spine DOS 12/31/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flags is "not recommended." In this case, the attending provider did, in fact, perform x-rays of numerous body parts, with no intention of acting on the results of the same. Therefore, the request was not medically necessary.

Retrospective Radiological Consultation Report Left Wrist (DOS 12/31/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of forearm, wrist, and/or hand x-rays for evaluation purposes is "not recommended." In this case, the attending provider did, in fact, perform x-rays of the left wrist and several other body parts on a routine basis, with no intention of acting on the results of the same. There was no mention of any suspected fracture involving the injured wrist on and around the date in question, for instance. Therefore, the request was not medically necessary.

Retrospective Radiological Consultation Report- Right Wrist DOS: 12/31/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of x-rays of the forearm, wrist, and hand for evaluation purposes is "not recommended." In this case, the attending provider did, in fact, perform x-rays of several body parts, with no intention of acting on the results of the same. The x-rays of the wrist did not influence or alter the treatment plan in any appreciable way. There was no mention of any red flag diagnoses such as a fracture involving the injured wrist on and around the date of service. Therefore, the request was not medically necessary.