

Case Number:	CM14-0165361		
Date Assigned:	10/09/2014	Date of Injury:	01/21/2014
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of January 21, 2014. A utilization review determination dated September 5, 2014 recommends noncertification for "follow-up visit with range of motion and addressing ADLs." Noncertification was recommended due to lack of documentation of a neurological condition for which a neurological evaluation would be indicated. A progress report dated August 8, 2014 indicates that the patient has undergone 6 sessions of therapy and acupuncture. The patient complains of cervical spine pain, lumbar spine pain, bilateral shoulder pain, left elbow pain, right knee pain, left knee pain, headache, and thoracic spine pain. The patient's activities of daily living are restricted. Physical examination findings reveal restricted cervical range of motion with spasm and tenderness, normal sensation, and normal strength. The lumbar spine also has spasm and tenderness noted with restricted range of motion. Shoulder examination also has restricted range of motion with tenderness to palpation. Diagnoses include cervical disc herniation, lumbar disc herniation, thoracic disc herniation, partial rotator cuff tear, medial meniscus tear, bursitis of the left elbow, and tension headaches. The treatment plan recommends continuing a home exercise program, a lumbosacral orthosis, a multi-interferential stimulator, a 3-D MRI of the cervical and lumbar spine, an orthopedic surgical consultation, and a neurological consultation. A progress report dated June 16, 2014 is a consultation which recommends beginning presurgical protocol for right shoulder arthroscopy.

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 (ROM) and addressing activities of daily living (ADL's): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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 a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "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...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Within the documentation available for review, it appears the patient is getting diagnostic work-ups from multiple providers. Additionally, there is documentation of numerous musculoskeletal issues which require further treatment. As such, a follow-up appointment, which would naturally include a range of motion testing and discussion regarding activities of daily living, seems to be a reasonable step in trying to improve this patient's condition. Therefore, the currently requested Follow up visit with range of motion (ROM) and addressing activities of daily living (ADL's) is medically necessary and appropriate.