MAXIMUS Federal Services

Case Number:	CM14-0031447		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2013
Decision Date:	08/04/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 56-year-old male with a 2/23/13 date of injury. At the time (2/25/14) of request for authorization for a follow-up visit with PM&R (includes ROM measurement and patient education), there is documentation of subjective (severe pain in left hip with numbness and tingling, intermittent moderate pain in left shoulder, lumbar spine, and cervical spine) and objective (spasms and tenderness over the cervical spine, left rotator cuff, left shoulder, left gluteus medius, left quadriceps, and over the lumbar spine) findings, current diagnoses (cervical cranial syndrome, lumbar spondylosis without myelopathy, left shoulder bursitis and tendinitis, left hip tendinitis and bursitis, and left-sided muscle weakness due to VBI- Vertebrobasilar insufficiency), and treatment to date (medications). Medical report identifies previous pain management and rehabilitation interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A follow -up visit with PM&R(Includes ROM measurement and patient education):
Upheld

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

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) Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG) Pain Chapter and Neck and Upper Back; Office visits and Computerized range of motion (ROM).

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, ODG identifies that computerized range of motion (ROM)/flexibility is not recommended as primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Within the medical information available for review, there is documentation of diagnoses of cervical cranial syndrome, lumbar spondylosis without myelopathy, left shoulder bursitis and tendinitis, left hip tendinitis and bursitis, and left-sided muscle weakness due to VBI. In addition, there is documentation of a condition/diagnosis for which a follow up visit would be indicated. However, there is documentation of an associated request for ROM (Range of Motion) measurements. Therefore, based on guidelines and a review of the evidence, the request for a follow -up visit with Physical Medicine and Rehabilitation (Includes Range of Motion measurement and patient education) is not medically necessary and appropriate.