

Case Number:	CM14-0041460		
Date Assigned:	06/27/2014	Date of Injury:	12/04/2013
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 54-year-old female with a 12/4/13 date of injury. At the time (2/11/14) of the request for authorization for follow-up visit with range of motion measurement and patient education, there is documentation of subjective (constant moderate cervical spine, bilateral wrists and hands, and bilateral elbows pain, and complaints of stress) and objective (+3 spasm and tenderness to the left paraspinal muscles from C2 to C7 and bilateral suboccipital muscles, distraction test was positive bilaterally, shoulder depression was positive bilaterally, left and right triceps reflex was decreased, +3 spasm and tenderness to the bilateral medial and lateral epicondyles and bilateral forearms, Cozen's test was positive bilaterally, reverse Cozen's test was positive bilaterally, Tinel's sign (ulnar nerve) was positive bilaterally, +3 spasm and tenderness to the bilateral anterior wrists and thenar eminences, Tinel's (carpal) test was positive bilaterally, brace test was positive bilaterally, and Phalen's was positive bilaterally) findings, current diagnoses (cervical disc herniation with myelopathy, carpal tunnel syndrome, lesion of ulnar nerve bilaterally, tendinitis/bursitis of the bilateral hands/wrists, medial epicondylitis of the bilateral elbows, and lateral epicondylitis of the bilateral elbows), and treatment to date (acupuncture, home exercise program, and activity modification).

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 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 Guide-Treatment in Worker's Compensation Pain Procedure Summary.

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(s) 127 Official Disability Guidelines (ODG) Pain Chapter, Office visits; and Neck and Upper Back, 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. Specifically regarding range of motion measurement, MTUS does not address the issue. ODG identifies that computerized range of motion (ROM)/flexibility is not recommended as a primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Therefore, based on guidelines and a review of the evidence, the request for follow-up visit with range of motion measurement and patient education is not medically necessary.