

Case Number:	CM14-0064596		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2012
Decision Date:	09/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine and Rehabilitation and 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:

The injured worker is a 52 year-old female who reported an injury on 07/14/2014. The mechanism of injury was not provided. Diagnoses included aftercare for surgery of the musculoskeletal system (right thumb), tendonitis/bursitis of the right hand/wrist, median nerve entrapment at the right wrist, cervical spondylosis with myelopathy, bursitis/tendonitis of the right shoulder, anxiety, and sleep disorder. Past treatments included physical therapy, a home exercise program and pain medication. Diagnostic studies included an x-ray of the right hand, and a nerve conduction study of the right hand/wrist. The injured worker had surgery to the right thumb on 08/01/2013. The clinical note dated 03/05/2014 noted the injured worker complained of numbness to the right hand with severe constant, sharp, swelling pain of the right thumb. The injured worker complained of constant severe pain radiating from the right shoulder down the right arm, pain in the cervical spine aggravated by turning, and difficulty sleeping. The physical examination revealed +2 spasm and tenderness to the bilateral paraspinal muscles from C3 to C7 and right upper shoulder muscles. The injured worker had +3 spasm and tenderness to the right rotator cuff muscles and right upper muscles. There was evidence of trigger finger of the right thumb and +3 spasm and tenderness to the right anterior wrist/thumb. The range of motion of the cervical spine, shoulders, and wrist was measured by an external goniometer/digital protractor, but the readings were not provided for review. Medications included a topical compound (lidocaine, gabapentin, tramadol), and a muscular pain topical compound (flurbiprofen, cyclobenzaprine, baclofen, lidocaine). The treatment plan was for a follow-up visit with range of motion measurement and addressing activities of daily living. The rationale for the request was not provided. The request for authorization form was signed on 03/05/2014.

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 addressing ADL's: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits and Flexibility.

Decision rationale: The request for a follow-up visit with range of motion measurement and addressing ADL's is not medically necessary. The injured worker has a history of right shoulder, hand, and wrist chronic pain with numbness to the right hand. The injured worker has completed physical therapy, a home exercise program and is on pain medication. The Official Disability Guidelines state, 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 guidelines state, 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. The guidelines note the relation between lumbar range of motion measures and functional ability is weak or nonexistent. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. There was a lack of objective, quantifiable documentation in regards to the injured worker's prior range of motion testing and her ability to perform activities of daily living to warrant the request. The range of motion of the cervical spine, shoulders, and wrist was measured by an external goniometer/digital protractor, but the readings were not provided for review. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.