

Case Number:	CM14-0093896		
Date Assigned:	07/25/2014	Date of Injury:	03/23/2013
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 30-year-old male with a reported date of injury on 03/23/2013. The mechanism of injury reportedly occurred when a forklift came up from behind the pallet the injured worker was adjusting on his hands and knees and pushed the pallet against him, causing his left shoulder to be forced backwards suddenly. His diagnoses were noted to include lumbar disc displacement with myelopathy, bursitis and tendinitis of the left shoulder, partial tear of the left rotator cuff tendon and tendinitis/bursitis of the left hand/wrist. His previous treatments were noted to include physical therapy, acupuncture and medications. The progress note dated 05/27/2014, revealed complaints of intermittent slight pain described as sharp that was aggravated by overuse to the left shoulder. The injured worker complained of left wrist/hand sharp pain that was aggravated by overuse. The injured worker also complained of constant moderate to severe pain described as sharp to the lumbar spine that was made worse by sitting for too long, bending, lifting, walking and driving. The injured worker reported that his pain radiated into both thighs. The physical examination of the lumbar spine revealed 2+ spasm and tenderness to bilateral lumbar paraspinal muscles from L3-S1 and multifidus. The lumbar range of motion was measured by an external goniometer or digital protractor. The Kemp's test was positive bilaterally, and the Yeoman's was positive on the right). The left Achilles reflex was decreased. The physical examination of the shoulder revealed a positive Speed's test and supraspinatus test. The shoulder range of motion was measured by an external goniometer or digital protractor. The neurological examination of the bilateral upper extremities was within normal limits bilaterally for deep tendon reflexes, dermatomes and myotomes. The wrist range of motion was measured by an external goniometer or digital protractor. There were positive Tinel's, bracelet and Adson's tests on the left upper extremity. The lumbar spine range of motion was decreased due to pain and the shoulder range of motion was decreased to pain. The progress

note dated 05/27/2014, was for a follow-up visit with range of motion measurement and addressing activities of daily living to monitor functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with ROM & addressing ADL's Left arm and LS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 268. 303.

Decision rationale: The request for a follow-up visit with range of motion and addressing activities of daily living for the left arm and lumbar spine is not medically necessary. The injured worker complains of left shoulder, left wrist/hand and lumbar spine pain with decreased range of motion and pain. The CA MTUS/ACOEM Guidelines state patients with potentially work related low back, forearm, wrist and hand complaints should have follow-up every 3 to 5 days by a midlevel practitioner or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification and other concerns, take care to answer questions and make these sessions interactive so that the patient is dually involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full work activities. Physician follow-up can occur when the patient needs a release to modified, increased or full duty or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. There is a lack of documentation regarding the rationale for follow-up visits and the request failed to provide the number of follow-up sessions requested. Therefore, the request is not medically necessary.