

Case Number:	CM14-0186500		
Date Assigned:	11/14/2014	Date of Injury:	05/05/2014
Decision Date:	01/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year old male who had a work injury dated 5/5/14. The diagnoses include cervical radiculopathy. Under consideration are requests for range of motion and PT 18 visits, c-spine, and shoulder. There is a 10/30/14 progress note that states that the patient is having cervical spine pain. Epidural steroid injection did not help. There is decreased cervical spine range of motion with tenderness upon palpation and spasms. The diagnosis is cervical radiculopathy. The treatment plan is Percocet, Temazepam, urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 170, 171, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Range of motion is not medically necessary per the MTUS and the ODG guidelines. The request is not clear whether this is range of motion testing or range of motion in therapy. In regard to therapy the MTUS states that active therapy is based on the philosophy

that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It is unclear why range of motion would be separate from an exercise routine. In regards to ROM (range of motion) testing The ODG states that flexibility is not recommended as primary criteria. The MTUS states that a shoulder examination includes the neck region as well as the shoulder. The provider can ask the patient to point to the area of discomfort with one finger. The range of motion of the shoulder should be determined actively and passively. The examiner may determine passive ROM by eliminating gravity in the pendulum position or by using the other arm to aid elevation.. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The documentation is not clear on how range of motion testing will change the treatment plan for this patient and why range of motion cannot be performed as part of a routine history and physical exam or range of motion exercise cannot be part of an exercise routine. Furthermore, without clarification of the request in the documentation submitted the request for specialized ROM (range of motion) is not medically necessary.

PT 18 visits, c-spine, shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy 18 visits, c-spine, shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend more than 10 visits of PT for this condition. The documentation is not clear on how many PT visits the patient has had for the shoulder and cervical spine thus far. There are no extenuating circumstances warranting an excess of guideline recommendations. There is only one progress note for review and it does not describe physical exam findings of the shoulder. Therefore, the request is not medically necessary.