

Case Number:	CM14-0191044		
Date Assigned:	11/24/2014	Date of Injury:	08/13/2014
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/15/2014

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, and is licensed to practice in New York. 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 44-year-old male who reported an injury on 01/01/2012. The mechanism of injury was not provided. Diagnoses included lumbar spondylosis without myelopathy, bursitis and tendinitis of the right shoulder, tear of medial meniscus of right knee, and tendinitis/bursitis capsulitis of the feet. Past treatments included physical therapy. Diagnostic studies were not provided. Surgical history was not provided. In the clinical note dated 11/03/2014, subjective complaints were not provided. The physical examination of the lumbar spine indicated full range of motion with painful extension and rotation; shoulder range of motion with right flexion to 120 degrees and extension to 30 degrees; knee range of motion with right extension to 0 degrees and flexion to 100 degrees; and full ankle range of motion bilaterally. Current medications were not provided. The request was for a follow-up visit for range of motion measurements and addressing activities of daily living; Functional Capacity Evaluation; work conditioning/hardening screening; psychosocial factor screening; MRI 3D of the lumbar spine; MRI 3D of the right shoulder; and MRI 3D of the right knee. The rationales for the request were not provided. The Request for Authorization form was submitted for review on 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit for range of motion (ROM) measurement and addressing activities of daily living (ADLs): 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), Low Back, AMA Guides; Evaluation of Permanent Impairment, page 400

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, Office visits, Flexibility.

Decision rationale: The request for a follow-up visit for range of motion (ROM) measurements and addressing activities of daily living (ADLs) is not medically necessary. The Official Disability Guidelines recommend office visits to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines state that flexibility is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The medical records indicated that the injured worker had full range of motion of the lumbar spine and bilateral ankles with decreased range of motion to the right shoulder and right knee. However, there was a lack of documentation indicating the rationale for the follow-up visit of range of motion measurements and addressing activities of daily living. Additionally, the request does not indicate the body part for which the follow-up visit for range of motion was being addressed. Therefore, the request for follow-up visit for range of motion (ROM) measurements and addressing activities of daily living (ADLs) is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation (FCE), Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS Guidelines recommend functional improvement measures. The guidelines state the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The medical records indicated the injured worker had full range of motion to the lumbar spine and bilateral ankles, with decreased range of motion to the right shoulder and right knee. However, there was a lack of documentation indicating a rationale for the Functional Capacity Evaluation. Therefore, the request for a Functional Capacity Evaluation is not medically necessary.

Work conditioning/hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/hardening. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Physical Medicine, Physical Therapy, Conditioning/work hardening, Ankle, Low back, Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Work conditioning, work hardening.

Decision rationale: The request for a work conditioning/hardening screening is not medically necessary. The Official Disability Guidelines state work conditioning/work hardening is recommended as an option for the treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of returning to work. There was a lack of documentation indicating the rationale for the work conditioning/hardening screening. There was a lack of documentation indicating the body part for which the work conditioning/hardening screen was being requested. Therefore, the request for a work conditioning/hardening screening is not medically necessary.

Psychosocial factors screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychological evaluations, Stress and Mental Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psych Eval Page(s): 100 and 101.

Decision rationale: The request for psychosocial factors screening is not medically necessary. The California MTUS Guidelines recommend psychological evaluations. The guidelines state psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, there was a lack of documentation indicating the rationale for the psychosocial factors screening. Additionally, the medical records indicated the injured worker had full range of motion to the lumbar spine and bilateral ankles, with decreased range of motion to the right shoulder and right knee. Therefore, the request for psychosocial factors screening is not medically necessary.

MRI 3D of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI 3D of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The medical records indicated that the injured worker had responded to physical therapy. Additionally, the medical records indicated that the patient had full range of motion to the lumbar spine. Therefore, the request for an MRI 3D of the lumbar spine is not medically necessary.

MRI 3D of the right shoulder: 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), MRI, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI 3D of the right shoulder is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The medical records indicated functional improvement since the last examination has been shown by increased activities of daily living and the ability to lift 20 lbs. The medical records indicated that the injured worker had decreased range of motion to the right shoulder. However, there was a lack of documentation indicating a rationale for a 3D MRI versus a regular MRI. Therefore, the request for an MRI 3D of the right shoulder is not medically necessary.

MRI 3D of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for an MRI 3D of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. The medical records indicated the injured worker was able to walk for about 30 minutes. The medical records indicated the injured worker had decreased range of motion to the right knee in flexion. However, there was a lack of documentation indicating a rationale for a 3D MRI versus a regular MRI. Therefore, the request for an MRI 3D of the right knee is not medically necessary.