

Case Number:	CM14-0196184		
Date Assigned:	12/04/2014	Date of Injury:	01/20/2009
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 56-year-old female with date of injury of 01/20/2009. The listed diagnoses from 10/22/2014 are: 1. Lumbar disk displacement with myelopathy. 2. Cervical disk herniation without myelopathy. 3. Tarsal tunnel entrapment of left ankle. 4. Carpal tunnel syndrome (median nerve entrapment at the bilateral wrists). According to this report, the patient complains of cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral wrists and hands, and bilateral ankle and feet pain. She reports that her pain in the lower back radiates to both legs. The patient notes constant moderate to severe pain in the bilateral shoulders that is "burning." She also reports weakness in both shoulders. The patient also complains of intermittent moderate to severe pain that is described as sharp with numbness in the bilateral wrists and hands. Examination shows +4 spasm and tenderness to the bilateral paraspinal muscles from C4-C7, bilateral occipital muscles, and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression was positive bilaterally. Straight leg raise was positive bilaterally. The L5 and S1 dermatome was decreased on the left to light touch. There is a +4 spasm and tenderness to the bilateral anterior wrists. Tinel's sign was positive bilaterally. The documents include a progress report from 10/22/2014, MRI of the ankle and foot from 08/22/2014 to 10/01/2014. The utilization review denied the request on 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement, body part(s) unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter on functional improvement measures

Decision rationale: This patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral wrists and hands, and bilateral ankles/foot pain. The provider is requesting range of motion measurement, body parts unspecified. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Pain Chapter on functional improvement measures states that it is recommended. 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 following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The records show a goniometer measurement report from 10/22/2014. It appears that the provider is requesting authorization for this goniometer measurement. In this case, ODG does recommend range of motion testing as part of follow-up visit and routine examination. However, it is not recommended as a separate billable service. The request is not medically necessary.

Self-care management training addressing ADLs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: This patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral wrists and hands, and bilateral ankles/feet pain. The provider is requesting self-care management training addressing ADLS. The MTUS guidelines on page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. The 10/22/2014 report notes that the patient was counseled for home management training in regards to activities of daily living and was given compensatory training. In this case, it is not clear why the provider is requesting this as a separate billable service. Self-care management training should be part of follow-up visits and routine examination. The request is not medically necessary.

Surgical orthopedic consultation, bilateral wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127, orthopedic consultation.

Decision rationale: This patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral wrist and hands, and bilateral ankles and feet pain. The provider is requesting surgical orthopedic consultation, bilateral wrists. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 10/22/2014 report shows that the provider would like to request other treatment recommendations for the patient's bilateral wrists. The NCS (date unknown) showed a nonfunctional median nerve and moderately severe carpal tunnel syndrome on the right. In this case, a consultation to a surgical/orthopedic specialist is reasonable to determine other treatment avenues for the patient. The request is medically necessary.