

Case Number:	CM14-0201847		
Date Assigned:	12/12/2014	Date of Injury:	10/12/2008
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, is licensed to practice in New Jersey. 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 47 year-old male who was injured on 10/12/08 due to repetitive job duties. He complained of lower back pain, bilateral shoulder pain, hip pain, and bilateral knee pain. On exam, he tender lumbar spine with tender paraspinal muscles. He had decreased range of motion. He had tender left and right shoulder with pain felt with range of motion. A 11/2008 MRI showed 2mm disc bulges with degenerative disc disease and facet arthropathy at L3-4, L4-5, and L5-S1 with bilateral moderate neural foraminal stenosis at L4-5 and mild to moderate bilateral neural foraminal stenosis at L3-4. A 9/2010 electrodiagnostic test showed evidence of active right L5 lumbar radiculopathy. He was diagnosed with bilateral posterior shoulder strain, mechanical back pain, lumbar spine degenerative disc disease, and bursitis of the knees. He was treated with anti-inflammatories, opioids, chiropractic therapy, and acupuncture. He had translaminar, transforaminal, and facet joint injection lumbar epidural steroid injection with trigger point injections at bilateral lumbar paraspinal muscles. The current request is for follow up visits for range of motion measurement and addressing activities of daily living and for 12 visits of physical medicine.

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 of ADL's: 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) Knee, computerized muscle testing.

Decision rationale: The request is not considered medically necessary. Range of motion is part of the physical exam and should have been done by any of the providers. But, range of motion can be done manually or through specialized computer testing. There must be a medical necessity to perform more than a manual exam. Range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. Addressing activities of daily living is also part of the history and assessment and plan and does not require an additional visit. Therefore, the request for is Follow up visit with range of motion measurement and addressing of ADL's is not medically necessary.

Physical Medicine for the lumbar spine, three times weekly for four weeks (electrical muscle stimulation, infrared, chiropractic manipulation, massage to the lumbar spine, therapeutic activities for the lumbar spine, lumbar spine mobilization [20 reps, three sets]):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, ODG preface.

Decision rationale: The request for physical therapy for lumbar spine is not medically necessary. The patient has already received of physical therapy and chiropractic sessions without documentation of subjective or objective improvement. The patient does not have new symptoms and exam findings that would warrant additional physical therapy sessions. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request for Physical Medicine is not medically necessary.