

<b>Case Number:</b>	CM15-0134451		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury on 6/28/10. He subsequently reported shoulder, elbow and wrist pain. Diagnoses include cervical sprain, bilateral shoulder impingement syndrome, lumbar spondylolisthesis and disc herniations. Treatments to date include x-ray testing, carpal tunnel surgery, physical therapy and medications. The injured worker continues to experience neck, right shoulder, bilateral wrist and low back pain. Upon examination, there is diminished right shoulder range of motion noted. A request for follow-up PRN, range of motion testing, FCE for bilateral hands and back brace (order) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Office Visits.

**Decision rationale:** The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. This request is for an unknown number of ongoing follow-up visits with the treating physician, without specific treatment goals. Therefore, the request for follow-up PRN is determined to not be medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Flexibility Section.

**Decision rationale:** MTUS Guidelines do not address range-of-motion testing specifically for the cervical spine or shoulders. Per the ODG, the use of range of motion testing is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The relation between range of motion measures and functional ability is weak or nonexistent. Therefore, the request for range of motion testing is determined to not be medically necessary.

**FCE for bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for work.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

**Decision rationale:** The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance. 2) the worker has returned to work and an ergonomic assessment has not been arranged. In this case, there are no prior failed attempts to return to work. There is no evidence of hampered complex medical issues such as conflicting medical reporting and there is no description of job requirements. Therefore, the request for FCE for bilateral hands is determined to not be medically necessary.

**Back brace (order):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for back brace (order) is determined to not be medically necessary.