

Case Number:	CM15-0148993		
Date Assigned:	08/12/2015	Date of Injury:	10/16/2012
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation

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 45-year-old male, who sustained an industrial injury on 10-16-12. The injured worker has complaints of right hand pain and right knee pain and dysfunction with mechanical symptoms of locking in the hand and clicking and popping in the right knee. The documentation noted there is tenderness and spasms lumbar spine with pain on flexion and extension of the lumbar spine and there is palpable tenderness over the midline spinous process. There is digital palpation elicits tenderness over the knee compartment and there is joint effusion over the right knee. There is static digital palpation elicits tenderness over the wrist and hand; The diagnoses have included right hand index finger trigger digit and right knee meniscal tear medial side. Treatment to date has included physical therapy; bracing; anti-inflammatory; topical creams; non-impact aerobic exercises modalities for the lower extremities; steroid and lidocaine injection to the right knee; magnetic resonance imaging (MRI) of the right knee on 4-16-15 showed there is a horizontal oblique tear through the posterior horn of the medial meniscus; magnetic resonance imaging (MRI) of the lumbar spine on 4-20-15 showed at the level of L4-L5, there is a 1-2 millimeter circumferential disk bulge, the canal and bilateral foramina are patent, at the level of L5-S1 (sacroiliac) there is a 2 millimeter circumferential disk bulge with right lateral prominence, the canal and bilateral foramina are patent, degenerative disk and facet disease and magnetic resonance imaging (MRI) of the cervical spine on 4-20-15 showed there is straightening of the normal cervical lordosis, either related to positioning or muscle spasm, at eh level of C3-C4, there is a 1-2 millimeter central disk protrusion, the canal

and bilateral foramina are patent. The request was for follow up visit with range of motion measurement and activities of daily living.

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 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 Chapter.

MAXIMUS 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) Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents with lumbar, cervical, thoracic, right shoulder, right knee, left heel and fingers pain. The request is for FOLLOW UP VISIT WITH RANGE OF MOTION MEASUREMENTS AND ADLS. The request for authorization is dated 06/25/15. MRI of the right knee, 04/16/15, shows there is a horizontal oblique tear through the posterior horn of the medial meniscus. MRI of the lumbar spine, 04/20/15, shows at the level of L4-L5, there is a 1-2 mm circumferential disk bulge; at the level of L5-S1, there is a 2 mm circumferential disk bulge with right lateral prominence; degenerative disk and facet joint disease. MRI of the cervical spine, 04/20/15, shows there is straightening of the normal cervical lordosis, either related to positioning or muscle spasm; at the level of C3-C4, there is a 1-2 mm central disk protrusion; there is a 1-2 mm central disk protrusion at the C4-C5 level; bilateral facet disease. Physical examination of the cervical reveals +2 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and bilateral suboccipital muscles. Distraction test was positive bilaterally. Shoulder depression test was positive on the right. Exam of thoracic reveals +2 spasm and tenderness to the bilateral paraspinal muscles from T8 to T12. Exam of lumbar reveals trigger point to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive on the left. Yeoman's was positive on the left. Exam of shoulders reveals +2 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Speeds test was positive on the right. Supraspinatus test was positive on the right. Exam of wrists and hands reveals active trigger finger of the middle and index of the right hand. There was +1 spasm and tenderness to the MCP PIP joints of the index and long fingers of the right hand. Exam of knees reveal +3 spasm and tenderness to the right anterior joint line, vastus medialis and popliteal fossa. McMurray's test was positive on the right. Grinding test was positive on the right. Exam of ankles and feet reveal trigger point to the left anterior heel. The patient received a cortisone injection on 06/23/15 to his right knee and states he felt mild benefits. Patient's medication includes Tylenol #3. Per progress report dated 08/06/15, the patient released to work with restrictions. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under 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. Treater does not discuss the request. In this case, treater does not provide any discussion, explanation or medical rationale for the request. Range of Motion measurements and Activities of Daily Living assessments can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing, muscle testing, and activities of daily living assessment as part of follow-up visits and routine physical examination. However, Range of Motion Measurements and Activities of Daily Living are not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.