

Case Number:	CM15-0165648		
Date Assigned:	09/03/2015	Date of Injury:	06/17/2014
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, 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:

The applicant is a represented 40-year-old who has filed a claim for chronic neck, shoulder, low back, and knee pain reportedly associated with an industrial injury of July 16, 2014. In a Utilization Review report dated July 3, 2015, the claims administrator failed to approve a request for follow-up visit with range of motion measurements for the neck and shoulder. Non-MTUS Chapter 7 ACOEM Guidelines were cited and were, furthermore, mislabeled as originating from the MTUS. The claims administrator did not, however, incorporate said guidelines into its decision rationale. An RFA form of July 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, a medical-legal evaluator suggested that the applicant had returned to work with restrictions in place as of late December 2014, despite multifocal complaints of wrist, shoulder, low back, knee, and ankle pain. On May 29, 2015, the applicant reported ongoing complaints of neck, shoulder, knee, and ankle pain. Topical compounds and naproxen were endorsed. A follow-up visit to include range of motion testing was sought. The applicant was given a rather proscriptive 15-pound lifting limitation. On July 16, 2015, the applicant again reported ongoing complaints of neck and shoulder pain. A permanent 15-pound lifting limitation was imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit, Neck & Right Shoulder, addressing Activities of Daily Living (ADLs):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for a follow-up visit for the neck and shoulder to address performance of activities of daily living was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had ongoing, longstanding neck and shoulder pain complaints. The applicant was still using topical compounds; it was reported on May 29, 2015 and July 15, 2015. A follow-up visit, thus, was indicated, on several levels, including for structure, reassurance, and/or medication management purposes. Therefore, the request was medically necessary.

Range of Motion (ROM) measurement, Neck & Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 170; 200.

Decision rationale: Conversely, the request for range of motion measurements of the neck and shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 170, range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation amongst the applicants with and without symptoms. The MTUS Guideline in ACOEM Chapter 9, page 200 also notes that range of motion of the shoulder should be determined actively and passively. Thus, the MTUS Guideline in ACOEM Chapter 9, page 200 does not, by implication, espouse the formal computerized range of motion measurement seemingly being proposed here. The attending provider failed to furnish a clear or compelling rationale for pursuit of formal range of motion testing in the face of the unfavorable position(s) on the same set forth in the MTUS Guideline(s) in ACOEM Chapter 8, page 170 and ACOEM Chapter 9, page 200. Therefore, the request was not medically necessary.