

Case Number:	CM15-0166369		
Date Assigned:	09/04/2015	Date of Injury:	02/24/2015
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 38 year old male, who sustained an industrial injury on 2-24-2015. He reported neck, back and shoulder pain after falling off a ladder. Diagnoses have included lumbar disc displacement without myelopathy, sciatica, cervical disc displacement without myelopathy, thoracic spine strain, rib sprain-strain, bilateral ankle sprain-strain and rotator cuff sprain-strain of the bilateral shoulders. Treatment to date has included acupuncture, physical therapy and medication. According to the progress report dated 7-13-2015, the injured worker complained of constant, severe cervical spine pain described as burning. He complained of constant, moderate to severe thoracic spine pain described as burning. He complained of constant, moderate lumbar spine pain described as burning, which radiated into the bilateral lower extremities. He complained of constant, minimal front chest pain. He complained of constant, severe, burning bilateral calf pain. He complained of constant, minimal, burning, bilateral foot pain. He also complained of frequent, moderate bilateral shoulder pain. Physical exam revealed spasm and tenderness of the cervical spine and lumbar spine. There were trigger points to the bilateral thoracic paraspinal muscles. There was spasm and tenderness to the bilateral upper shoulder muscles. There was spasm and tenderness to the bilateral lateral malleoli and plantar fascia. Authorization was requested for a follow up visit with range of motion measurement and addressing 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 ROM measurement and addressing 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, Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: As per MTUS ACOEM guidelines, ROM (Range of motion) and assessment of ADLs (Activity of daily living) are standard and normal part of a history, physical and assessment of a patient. It is not a separate test and does not require any specific visit to the office for assessment. An initial assessment without ROM or ADL would be considered an incomplete assessment. There is not medical need for a separate ROM or ADL assessment. The request is not medically necessary.