

Case Number:	CM15-0166919		
Date Assigned:	09/08/2015	Date of Injury:	07/12/2012
Decision Date:	10/07/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50-year-old male who sustained a work related injury on 07-12-12. Initial complaints and diagnoses are not available. Treatments to date include diagnostic studies are not addressed. Current complaints pain in the cervical spine, bilateral shoulder, wrists, and hands. Current diagnoses include bilateral carpal tunnel syndrome, tendinitis and bursitis of the bilateral hands and wrists, cervical spondylosis, partial tear of right rotator cuff, and bursitis a tendinitis of the bilateral shoulders. In a progress note dated 07-02-15, the treating provider reports the plan of care as an internal medicine consultation, physical therapy for the left wrist, and continued work restrictions. The requested treatment includes a follow-up visit for range of motion measurements to address 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 Visits with range of motion Measurements 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the request is for range of motion testing which is not supported as a separate issue from the routine physical exam per the ACOEM and therefore the request is not medically warranted.