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| <b>Case Number:</b>   | CM15-0169232 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 02/06/2015 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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 (IW) is a 34 year old male who sustained an industrial injury on 02-06-2015. He reported being struck by a large wall during a construction project. The injured worker was diagnosed as having abdominal pain, sprain of unspecified site of shoulder and upper arm. Additional diagnoses include sprain of unspecified site of elbow and forearm, sprains and strains of wrist and hand, sprain of unspecified site of knee and leg, sprain thoracic region, sprain lumbar region, unspecified site of sprain and strain. Treatment to date has included medications and physical therapy, and acupuncture. A MRI (07-23-2015) showed supraspinatus tendinosis, infraspinatus tendinosis, and subscapular tendinosis on the left shoulder. Currently, the injured worker complains of continuous pain in the thoracic and lumbar spine rated an 8 on a scale of 0-10 with pain radiation to the bilateral knees that he rates a 5 on a scale of 0-10. He has continuous pain in the right shoulder that he rates as a 5 on a scale of 0-10, and intermittent pain in the bilateral elbows and wrists that he rates an 8 on a scale of 0-10. On examination, he has paraspinal tenderness and spasm in the thoracic spine. His lumbar spine has tenderness and spasm in the paraspinals with guarding and antalgic gait. On provocative testing of the shoulders, there is bilateral impingement. The range of motion flexion on the right shoulder is 150 degrees, and on the left is 160. Abduction of the right shoulder is 160 degrees, and on the left shoulder is 150. The treatment plan includes a follow-up with the orthopedist for shoulder, spine surgeon, pain management, psychologist and general surgeon. A request for authorization was submitted for: 1. Functional improvement measurement with functional improvement measures-Shoulder/arm nos. 2. Functional improvement measurement with functional

improvement measures. 3. Internal consultation-Abdominal pain. 4. Orthopedic consultation-Shoulder. 5. Spine surgeon consultation. 6. General consultation-Abdominal. A utilization review decision (08-25-2015) certified the request for an orthopedic consultation, certified the request for a spine surgeon, and certified the request for General Consultation-Abdominal. The utilization review on 08-25-2015 non-certified the requests for Internal consultation-Abdominal pain, Functional improvement measurement with functional improvement measures - Shoulder/arm, and non-certified the request for Functional improvement measurement with functional improvement measures.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional improvement measurement with functional improvement measures - Shoulder/arm nos:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Flexibility.

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

**Decision rationale:** The California MTUS and ACOEM states that functional improvement measurement should be part of the routine physical examination and evaluation of response to treatment prescribed. The need for a separate functional improvement measurement is not supported. Therefore the request is not medically necessary.

**Functional improvement measurement with functional improvement measures:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Flexibility.

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

**Decision rationale:** The California MTUS and ACOEM states that functional improvement measurement should be part of the routine physical examination and evaluation of response to treatment prescribed. The need for a separate functional improvement measurement is not supported. Therefore the request is not medically necessary.

**Internal consultation - Abdominal pain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice

guidelines, 2nd edition, 2004, Chapter 7, Independent medical examinations and consultations, page 127.

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

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for, 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of abdominal pain that have failed treatment by the primary treating physician. Therefore criteria for an internal medicine consult have been met and the request is medically necessary.