

Case Number:	CM15-0169526		
Date Assigned:	09/10/2015	Date of Injury:	02/19/2014
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 60 year old male, who sustained an industrial injury on 2-19-2014. Diagnoses include lumbar disc displacement without myelopathy and carpal sprain-strain of the right wrist. Treatment to date has included conservative measures including diagnostics, medication, home exercises, injections, and a facet block (11-19-2014). Per the Primary Treating Physician's Progress Report dated 7-20-2015, the injured worker reported constant, severe, sharp pain in the lumbar spine and occasional severe pain in the right hand with associated numbness. Objective findings of the lumbar spine included +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L5-S1 and multifidus. Wrist and hand examination revealed +1 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. The plan of care included, and authorization was requested on 7-20-2015 for follow-up visit addressing Activities of Daily living (ADLs) and range of motion (ROM) measurement. On 8-03-2015, Utilization Review non-certified the request for self-care management Activities of Daily living (ADLs) and range of motion (ROM) measurement due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self-care management, ADLS (Activities of daily living): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter <http://www.medicare.gov/Pulbications/Pubs/pdf/10969.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Home Health Services that would include self-care management and activities of daily living. These services are recommended only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the specific rationale provided for these services is not explicitly stated in the request or justified in the medical records. There is no evidence in reviewing the medical records that the patient is homebound on a part-time or intermittent basis. For this reason, self-care management and activities of daily living are not considered as medically necessary or justified by the content in the medical records.

Range of motion measurement: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Flexibility (testing).

Decision rationale: The Official Disability Guidelines comment on the use of range of motion testing, in their section labeled "flexibility." Range of motion testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. In summary, there is no evidence for the value of range of motion measurements done outside what is expected of the clinician during the routine musculoskeletal examination. For this reason, range of motion measurement is not medically necessary.

