

Case Number:	CM15-0198846		
Date Assigned:	10/14/2015	Date of Injury:	04/05/2011
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 4-5-2011. The medical records indicate that the injured worker is undergoing treatment for status post lumbar spine fusion (4-21-2015), impingement syndrome of the left shoulder, left shoulder acromioclavicular joint arthrosis, left rotator cuff tear, chest contusion, secondary to lumbar spine injury, loss of sleep, and psych component. According to the progress report dated 8-10-2015, the injured worker presented with complaints of constant, moderate-to-severe, dull, stabbing low back pain with radiation into the tailbone, associated with weakness in the legs. In addition, she reports constant, moderate-to-severe left shoulder pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles and bilateral sacroiliac joints, paravertebral muscle spasm, painful range of motion, and positive straight leg raise. Examination of the left shoulder reveals painful range of motion, tenderness to palpation over the anterior and posterior shoulder, acromioclavicular joint, and trapezius, spasm, and positive Neer's sign. The current medications are Norco, Xanax, Ambien, and Ibuprofen. Previous diagnostic testing includes x-rays and MRI studies. Treatments to date include medication management, hot and cold packs, physical therapy, aqua therapy, acupuncture, massage, epidural steroid injections, and surgical intervention. Work status is described as off work. The original utilization review (9-10-2015) had non-certified a request for range of motion test and follow-up with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 range of motion test: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition 2015 Chapter: Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Range of motion testing.

Decision rationale: Pursuant to the Official Disability Guidelines, 1 range of motion test is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnosis is status post bilateral L3 - S1 lumbar foraminotomy April 21, 2015. Date of injury is April 5, 2011. Request for authorization is September 1, 2015. The requesting provider is a [REDACTED]. There are no progress notes from this provider in the medical record under review. Utilization review sites a progress note dated August 26, 2015. This progress note is not contained in the medical record. The injured worker is cared for by several providers. According to an orthopedic progress note (provider [REDACTED]), the injured worker subjectively complaints of left shoulder pain and increased low back pain that radiates to the box. Objectively, there is tenderness to palpation. The treatment plan includes a request for aquatic therapy and a psychiatric consultation to psychology. As noted above, there is no documentation from the requesting provider ([REDACTED]). As a result, there is no clinical discussion, indication or rationale for range of motion testing. Additionally, range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation by the requesting provider with a clinical discussion, indication or rationale for range of motion testing, 1 range of motion test is not medically necessary.

1 follow-up visit with an orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition Chapter 7 Independent Medical Examination and Consultations; Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition 2015 Chapter: Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Follow-up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, one follow-up visit with orthopedic surgeon is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit

requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is status post bilateral L3 - S1 lumbar foraminotomy April 21, 2015. Date of injury is April 5, 2011. Request for authorization is September 1, 2015. The requesting provider is a [REDACTED]. There are no progress notes from this provider in the medical record under review. Utilization review sites a progress note dated August 26, 2015. This progress note is not contained in the medical record. The injured worker is cared for by several providers. According to an orthopedic progress note (provider [REDACTED]), the injured worker subjectively complaints of left shoulder pain and increased low back pain that radiates to the box. Objectively, there is tenderness to palpation. The treatment plan includes a request for aquatic therapy and a psychiatric consultation to psychology. As noted above, there is no documentation from the requesting provider ([REDACTED]). As a result, there is no clinical discussion, indication or rationale for an orthopedic follow-up visit. Additionally, the treating provider is already under the care of an orthopedist ([REDACTED]). It is unclear (based on the existing documentation and absent progress notes by the requesting provider) why two orthopedic surgeons are involved in injured worker's care. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation by the requesting provider with a clinical discussion, indication or rationale for a follow-up visit with orthopedic surgeon, one follow-up visit with orthopedic surgeon is not medically necessary.