

Case Number:	CM15-0199344		
Date Assigned:	10/14/2015	Date of Injury:	05/13/2013
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 58 year old male who sustained an industrial injury 05-13-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical disc herniation, thoracic and lumbar disc displacement, bursitis and tendinitis of the shoulders, lateral epicondylitis of the right elbow, tendinitis-bursitis of the right hand-wrist, carpal tunnel syndrome right wrist, inguinal hernia, anxiety, and sleep disorder. Medical records (06-02-15) reveal the injured worker complains of pain in the testicles, right shoulder, right elbow, right wrist and hand, cervical, thoracic, and lumbar spines, as well as headache. The physical exam (06-02-15) reveals spasms and tenderness in the bilateral paraspinal muscles, bilateral suboccipital muscles and bilateral upper shoulder muscles, right rotator cuff muscles, right lateral and medial epicondyles, right anterior wrist, and right base of the long finger and right thenar eminence. Prior treatment includes acupuncture, medications, and therapy. The original utilization review (10-05-15) on certified the request for range of motion and addressing activities of daily living. There is no documentation as to why the treating provider cannot perform range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion 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), Shoulder, Range of motion, Low back, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder 1: ROMLow Back: Flexibility.

Decision rationale: ODG states that shoulder range of motion is important to measure to monitor progress of treatment. ODG reports that low back flexibility does not correspond to an individual's level of function. Therefore, ODG does not support spine range of motion assessments since there's no additional information to be derived from a clinical stand point. Therefore, this request for spine range of motion is not medically necessary. However, ODG supports serial shoulder range of motion measurements to assess the response to care. However, the medical records not explain why additional range of motion measurements need to be done to supplement the ones performed during the physical examination by the provider as part of the routine clinical visit. Therefore, this request for an additional shoulder range of motion measurement is not medically necessary.