

Case Number:	CM15-0020330		
Date Assigned:	02/09/2015	Date of Injury:	01/20/2009
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old female, who sustained an industrial injury on 1/20/2009. The diagnoses have included lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, tarsal tunnel entrapment of left ankle and bilateral carpal tunnel syndrome. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker complained of constant severe pain at the cervical spine that was described as tightness. She complained of frequent slight pain at the thoracic spine described as tightness. The injured worker complained of constant severe pain at the lumbar spine described as sharp. She also complained of burning, constant, moderate to severe pain of the bilateral shoulders and intermittent, sharp, moderate to severe pain of the bilateral wrists and hands. The injured worker also complained of sharp, constant severe pain of the bilateral ankles and feet. Exam of the spine revealed spasm and tenderness over the cervical, thoracic and lumbar area. There was also spasm and tenderness over the shoulders, wrists, hands, ankles and feet. Work status was temporarily totally disabled. Authorization was requested for a follow-up visit with range of motion measurement and addressing activities of daily living. On 1/27/2015, Utilization Review (UR) non-certified a request for Range Of Motion Measurements and Addressing Activities of Daily Living. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurements, unspecified body parts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188 and 287 - 316.

Decision rationale: There are no special range of motion testing services that are needed to manage this patient. Assessment of range of motion is part of the usual follow up evaluation. Additionally, special equipment or service is not needed and has not been documentation to improve the long term functional outcome or affect the management of the patient. Therefore, the request is not medically necessary.

Addressing ADL's (Activities of Daily Living): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188 and 287 - 316.

Decision rationale: There are no special testing services that are needed to assess the patient's ability to do activities of daily living to manage this patient. An assessment of the patient's ability to do activities of daily living and functionality is part of the usual follow up evaluation and special equipment or service is not needed for this service. It is part of the evaluation for the need for on-going opiates. A special service of assessment of functional ability to do activities of daily living is not medically necessary. This is already part of the evaluation and management office visit.