

<b>Case Number:</b>	CM15-0024894		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 female, who sustained an industrial injury on 07/17/2014. On provider visit dated 12/26/2014 the injured worker's functional improvement was assessed. She was noted to have an increased of activities of daily and decreased of visual analog scale. The diagnoses have included lumbar disc herniation without nerve compression, cervical disc herniation without nerve compression, thoracic disc herniation without nerve compression and rotator cuff sprain and strain. Treatment to date has included continue acupuncture therapy. On 01/14/2015 Utilization Review modified the request for follow-up visit with range of motion measurement and addressing activities of daily living (ADLs) to certify the request for office visit and non-certify the request for range of motion measurement and addressing activities of daily living . The CA MTUS, ACOEM Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visit with range of motion measurement and addressing activities of daily living (ADLs) DOS: 12/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Flexibility, Office visit

**Decision rationale:** According to the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. The Official Disability Guidelines also state that flexibility is not recommended as a primary criteria. The guidelines state that the relation between back range of motion measures and functional ability is weak or nonexistent. In this case, the injured worker has been certified a follow up office visit, and range of motion measurements and addressing activities of daily living are considered a routine part of an office visit and would not be supported as an additional request. Therefore, the request for follow-up visit with range of motion measurement and addressing activities of daily living (ADLs) DOS: 12/30/14 is not medically necessary.