

Case Number:	CM15-0027071		
Date Assigned:	02/19/2015	Date of Injury:	07/22/2014
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: Preventive Medicine, 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 was a 63 year old male, who sustained an industrial injury, July 22, 2014. The injury occurred while on a forklift driving backwards the load tilted and the forklift tipped over. The injure worker felt a sharp pain in the back. According to progress note of November 26, 2014, the injured workers chief complaint was neck, bilateral shoulder pain and lumbar spine with frequent pain. The physical exam noted the injured worker had a normal gait and was able to heel toe walk without difficulty. The injured worker had decreased forward flexion, lateral bending was 50 degrees, extension was 10 degrees and rotation was 25 degrees. The straight leg testing was positive bilaterally. The cervical spine flexion was 75 degrees, extension 30 degrees, lateral bending 20 degrees and rotation 25 degrees bilaterally. The Bilateral shoulders with full range of motion, pain with range of motion of the left shoulder. There were no deficits in the upper extremities. No motor deficits noted. The injured worker was diagnosed with chest wall contusion, lumbar spine sprain, herniated discs of the lumbar spine at L4-5, L3-4 of 4mm and 3mm respectively with some left sided radiculopathy, groin contusion, pelvis contusion, cervical spine sprain and left trapezial strain/sprain. The injured worker previously received the following MRI of the lumbar spine and pelvis, physical therapy treatments, chiropractic treatments, home exercise program, menthoderm ointments, Motrin, physical therapy and back brace. The primary treating physician requested authorization for range of motion cervical spine and bilateral shoulders. On February 2, 2015, the Utilization Review denied authorization for range of motion cervical spine and bilateral shoulders. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion for the cervical spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 8 pg 174, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. However, there is no recommended in the MTUS for specific physical therapy modalities. This patient has been to physical therapy for 12 weeks and has shown improvement in function. Further therapy, as per the MTUS, should allow for fading of treatment frequency from 3 visits per week to 1 or less, plus an active self-directed home physical medicine program. However, as per request for computer range of motion, there is a lack of evidence-based medical studies or medical guidelines that show computerized range of motion will improve patient outcome or alter therapy and the provider did not provide any special reason or expectation for requesting this service. Medical necessity for this procedure has not been established.