

Case Number:	CM15-0029658		
Date Assigned:	02/23/2015	Date of Injury:	10/25/2014
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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

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 37 year old male, who sustained a work related injury on 1/25/14. The diagnoses have included headaches, cervical strain/sprain, thoracic strain/sprain, lumbar strain/sprain, bilateral wrist strain/sprain, right and left hand tenosynovitis, abdominal pain, anxiety and sleep disorder. Treatments to date have included physical therapy, chiropractic treatments, acupuncture, Extracorporeal Shockwave treatments to cervical spine and oral medications. In the Extracorporeal Shockwave Treatment note dated 2/11/15, the injured worker complains of chronic low back pain. He has significant residual symptoms. In the PR-2 dated 1/16/15, the injured worker complains of headaches, cervical spine, thoracic spine, lumbar spine, right and left wrist, and abdomen pain. He complains of neck pain with pain, numbness and tingling that radiates down both arms to fingers. He complains that the pain increases with movement of all areas of pain. He has abdominal pain that is made worse by bending. He complains of work related stress. He has tenderness to palpation of all areas of pain. On 2/11/15, Utilization Review non-certified a retrospective anatomical impairment measurements (AIM) report. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anatomical Impairment Measurements (AIM) Report: 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-TWC) Treatment: Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist & Hand (updated 5/8/13) Computerized Muscle testing; Low back Chapter; Flexibility (17th Edition, 2012).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: This patient presents with headaches, neck pain that radiates into the upper extremities with numbness and tingling in the hands/finger. The patient also complains of low back pain. The current request is for RETROSPECTIVE ANATOMICAL IMPAIRMENT MEASUREMENTS AIM REPORT. Request for Authorization (RFA) is not provided in the medical file. There is no discussion regarding the medical necessity of this request. The treating physician went ahead with the AIM report on 1/20/15 without prior authorization. MTUS page 8 has the following: "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health Impairment measurements and reviewing imaging and incorporating their findings for patient's treatments are part of what a treating physician does during the course of a routine follow-up visitation. The current request appears to be for a separate billing for the measurement of alignment from imaging. Official reading of imaging is done by radiology. Apart from this, there are no additional services recognized by any guidelines for additional reading. This request IS NOT medically necessary.