

Case Number:	CM15-0211465		
Date Assigned:	10/30/2015	Date of Injury:	10/19/2011
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 10/19/2011. Diagnoses include cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy, tendinitis-bursitis of hand-wrist, umbilical hernia, and bilateral carpal tunnel syndrome. Treatments to date were not documented in the record submitted for this review. On 9-22-15, she had multiple complaints of pain including "hernia" cervical spine, thoracic spine, lumbar spine and bilateral wrists and hands. The physical examination documented multiple significant musculoskeletal findings. The plan of care included "a comprehensive multidisciplinary approach to pain management that is individualized functionally oriented (not pain oriented), and goal-specific." The records further documented, "We will use range of motion, the visual analog scale, QFCE evaluations, and work restrictions to monitor functional improvement." The appeal requested authorization for follow-up range of motion (ROM) and address Activities of Daily Living (ADL's). The Utilization Review dated 10-6-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for radiating neck pain, thoracic and lumbar pain, bilateral wrist and hand pain with numbness and tingling, and pain related to a hernia. When seen, the claimant was scheduled to see a hernia specialist. Physical examination findings included cervical, occipital, and upper trapezius trigger points. There was tenderness and spasms in the thoracic and lumbar spine. There was lower quadrant abdominal tenderness with spasms. There was decreased right grip strength. There was tenderness with spasms and positive Tinel, Guyon, and Bracelet tests bilaterally. Continued home exercises were recommended. Follow-up with range of motion and activities of daily living assessment is being requested. Range of motion should be a part of a routine musculoskeletal evaluation. The claimant's treating provider would be expected to be able to measure strength and range of motion using conventional techniques. A separate request for range of motion testing is not medically necessary.

Addressed Activities of Daily Living: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in October 2011 and is being treated for radiating neck pain, thoracic and lumbar pain, bilateral wrist and hand pain with numbness and tingling, and pain related to a hernia. When seen, the claimant was scheduled to see a hernia specialist. Physical examination findings included cervical, occipital, and upper trapezius trigger points. There was tenderness and spasms in the thoracic and lumbar spine. There was lower quadrant abdominal tenderness with spasms. There was decreased right grip strength. There was tenderness with spasms and positive Tinel, Guyon, and Bracelet tests bilaterally. Continued home exercises were recommended. Follow-up with range of motion and activities of daily living assessment is being requested. Office visits are recommended as determined to be medically necessary. In this case, a follow-up office visit after the pending hernia specialist evaluation is medically necessary. Assessment of the claimant's activities of daily living would be expected as part of a routine follow-up visit. A separate request is not medically necessary.