

Case Number:	CM15-0087972		
Date Assigned:	05/12/2015	Date of Injury:	03/18/2015
Decision Date:	08/11/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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 (IW) is a 33 year old female who sustained an industrial injury on 03/18/2015. She reported pain in right shoulder, right elbow, neck and low back due to repetitive work. The injured worker was diagnosed as having shoulder region disorder not elsewhere classified, sprain lumbosacral; and sprain of neck. Treatment to date has included medications. Currently, the injured worker complains of neck pain and stiffness radiating into the right arm rated a 7 on a scale of 1-10; low back pain and stiffness radiating into both legs and rated a 7 on a scale of 1-10; right shoulder pain with weakness rated a 7 on a scale of 1-10; and right elbow pain that increases with repetitive work and rated a 6 on a scale of 1-10. On examination, there was decreased range of motion in the cervical spine by 20 percent in all planes with pain at the end range of forward flexion and extension, decreased range of motion in the lumbar spine by 20 percent in all planes with pain at the end range of forward flexion and extension, The shoulder had tenderness of the supraspinatus, and tenderness of the right epicondyle. The cervical spine had tenderness C2-C6. There was tenderness at L2-L5 with tenderness in the paraspinal muscles bilaterally. Both the cervical and lumbar range of motion was diminished. The treatment plan was for physical therapy and monitoring of progress. An outpatient medical consultation was for cardiopulmonary evaluation. Requests for authorization were made for the following: 1. Outpatient X-ray of bilateral elbow, Bilateral shoulder, Cervical spine & Lumbar spine, 2. Outpatient Medical Consultation, 3. Outpatient range of motion test once (1) a month with every month [REDACTED] Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Medical Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): s 30-33.

Decision rationale: In reviewing the request for a Medical Consultation, the treating physician's note indicates that the consultation is intended for pain management. Therefore, the most appropriate guidelines to address this request are within the MTUS/Chronic Pain Medical Treatment Guidelines that address a Chronic Pain Program. These guidelines state that an outpatient pain program, which includes a pain medicine consultation, may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, there is inadequate documentation in support of the need for a medical consultation for pain management. The records provided do not describe the current or prior use of medications to address the patient's pain. Further, there is no documentation to describe the patient's previous methods of treating pain and the outcomes of this treatment. There is insufficient documentation regarding the patient's functional ability. The medical records indicate that the patient does not have any medical condition which would impede recovery. Under these conditions, there is insufficient evidence to support the need for an outpatient medical consultation for pain management. Therefore the request is not medically necessary.

Outpatient range of motion test once (1) a month with every month [REDACTED]

Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comments on the use of physical therapy to address range of motion concerns. Active therapy is a component of a

physical therapy intervention and is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the medical records indicate that the patient has been referred to physical therapy for treatment of the work-related conditions. Referral to physical therapy is consistent with the above cited MTUS guidelines. There is no evidence provided that the patient was unable to engage in these physical therapy activities which include range of motion. Further, it would be expected that testing of range of motion would be conducted during the follow-up office visit by the primary treating physician as part of the ongoing assessment. For these reasons, outpatient range of motion test once a month with every month [REDACTED] Consultation is not medically necessary.