MAXIMUS Federal Services

Case Number:	CM14-0162172		
Date Assigned:	10/07/2014	Date of Injury:	04/30/2010
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male driver/unloader sustained an industrial injury on 4/30/10. Injury occurred when a large metal platform fell and struck him on the head. He was knocked down and lost consciousness momentarily. Injuries were reported to the neck and bilateral shoulders, arms, and hands. Past surgical history was positive for remote lumbar fusion, right shoulder manipulation under anesthesia and arthroscopic rotator cuff repair, subacromial decompression, and acromioplasty on 5/3/11, left shoulder manipulation under anesthesia and arthroscopic rotator cuff repair, subacromial decompression, acromioplasty and Mumford procedure on 9/27/11, and cervical arthrodesis at C5/6 and C6/7 with partial corpectomies and instrumentation on 8/21/12. The 7/18/14 treating chiropractor report cited complaints of constant severe neck pain and moderate left shoulder pain, increased with motion and activity. Cervical exam documented +3 cervicothoracic tenderness and spasms, decreased bilateral biceps reflexes, and positive mechanical and nerve compression tests. Cervical range of motion was moderately restricted and painful. Bilateral shoulder exam documented +2 left and +3 right global tenderness and spasms, positive Speed's and Neer's tests on the right and positive supraspinatus test bilaterally. Left shoulder range of motion was flexion 115, abduction 80, extension 40, adduction 35, external rotation 70, and internal rotation 40 degrees. Right shoulder range of motion was flexion 100, abduction 98, extension 15, adduction 25, external rotation 45, and internal rotation 30 degrees. The treatment plan recommended an updated right shoulder 3D MRI and consultation with an orthopedic surgeon regarding the right shoulder. The patient was reported in the post-operative stage of therapy. No additional therapy was requested. The patient was counseled regarding a home exercise program and provided activities of daily living training. The DWC form requested authorization for post-operative follow-up with range of motion testing (CPT code 95851) and addressing activities of daily living (CPT code 97535). The 9/25/14 utilization review denied the

request for a post-op follow-up visit to include range of motion measurements and address activities of daily livings as these services are part of the routine musculoskeletal examination and not medically necessary as a separate request. Records indicated that therapy had not been requested since at least 2/14/14 with no significant clinical change noted in range of motion and no change documented in the subjective or physical exam findings from 2/14/14 to 7/18/14. Activities of daily living training were documented on 5/16/14 and 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op follow up to include range of motion measurements and to address ADL's: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170,Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Shoulder, Office visits, Range of motion

Decision rationale: The California MTUS does not specifically address office follow-up visits for chronic care or post-operative treatment. Guidelines indicate that cervical range of motion is of limited value in the clinical examination. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that "range of motion should always be examined in cases of shoulder pain as a part of the routine musculoskeletal examination." There is no specific reason provided to support range of motion testing unbundled from the normal primary treating physician evaluation and management services. Training in activities of daily living (ADL) has been documented recently on 5/16/14 and 7/18/14. There is no current functional assessment noting a specific ADL deficit that requires specialized training beyond normal counseling that is part of the evaluation and management service. The patient is now 2 years post-op his cervical surgery and is no longer in the post-surgical period as defined by the MTUS guidelines as 6 months. While routine follow-up visits are consistent with guidelines for the primary treating physician, the medical necessity of the additional requested services is not established. Therefore, this request is not medically necessary.