

Case Number:	CM14-0165285		
Date Assigned:	10/10/2014	Date of Injury:	08/05/2013
Decision Date:	11/12/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 30-year-old female who sustained a work-related injury on 8/5/13. Office visit on 7/7/14 notes the claimant continues with neck and bilateral shoulder pain. The claimant has been treated with medications, chiropractic care, acupuncture and psychotherapy. Office visit on 8/7/14 notes are hand written and, unfortunately, illegible. QME (qualified medical examiner) supplemental report dated 9/1/14 notes no change in prior opinion. The claimant was permanent and stationary as of 12/31/13 and had no ratable impairment to the cervical spine. He felt that the EMG/NCS had no clinical value.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ortho Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 503-524

Decision rationale: ACOEM notes that a Consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an

advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Based on the records provided, this claimant does not have a structural pathology to support orthopedic consult. A QME placed her at MMI (maximum medical improvement) in December 2013 with no ratable impairment to the cervical spine. Therefore, the medical necessity of this request is not established.

1 Computerized Range of motion of the Cervical Spine and Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) and Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter - flexibility

Decision rationale: ODG notes that flexibility (range of motion testing) is not recommended as a primary criterion. The relation between back range of motion measures and functional ability is weak or non-existent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps for the current impairment guidelines of the American Medical Association. Range of motion testing is part of the office visit/physical exam. Therefore, specialized range of motion testing is not supported as medically necessary.