

Case Number:	CM14-0165809		
Date Assigned:	10/10/2014	Date of Injury:	05/15/1995
Decision Date:	11/13/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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:

The patient is a 62 year old who was injured on 5/15/1995. The diagnoses are neck, bilateral shoulders, bilateral knees and low back pain. The past surgery history is significant for cervical spine fusion and right knee arthroscopies. On 6/11/2014, [REDACTED] noted objective findings of positive axial compression, distraction and shoulder depression tests. There was generalized decreased range of motion of the affected parts. There was positive straight leg raising test and decreased tendon reflexes. There was decreased sensation along the right L4, L5 and S1 dermatomes. The patient is on tramadol for pain. A Utilization Review determination was rendered on 8/27/2014 recommending modified certification for Follow up Visit with Range of Motion Test to Follow up Clinic Visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up visit to include a range of motion measurement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding office visits consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address comprehensive range of motion tests during clinic visits. Comprehensive range of motion measurements are usually conducted as part of Functional Capacity or Disability evaluation. The records indicate that the routine physical examination during the clinic visits did reveal decreased range of motion of the painful body parts. The routine clinic visits without the additional range of motion tests was already approved. The criteria for Clinic Visit with range of motion measurements were not met.