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| Case Number: | CM15-0120438 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 03/25/2014 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: North Carolina

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 is a 37 year old female, who sustained an industrial injury on March 25, 2014. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica and left rotator cuff, radiohumeral and carpal strain/sprain. Treatment to date has included medication. A progress note dated May 14, 2015 provides the injured worker complains of left shoulder, elbow and wrist pain and back pain. She reports the left upper extremity pain as numbness and tingling and the low back pain as burning and aching and radiating down the right leg. Physical exam notes lumbar tenderness with spasm. Straight leg raise, Kemp's and Braggard's are positive. The left shoulder, elbow and wrist are tender on palpation with spasm. Supraspinatus and Adson's test are positive, Cozen's test is positive and Tinel's and bracelet test is positive. The plan includes electromyogram, nerve conduction study, topical and oral medication and follow up visit with range of motion (ROM) measurement and addressing activities of daily living (ADL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurement and addressing ADLs per 05/14/15:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, range of motion.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states range of motion testing should be part of the routine physical examination in the evaluation of pain. There is no need for specialized range of motion testing outside of the routine physical examination. The provided clinical documentation does not show an exception to these recommendations and therefore the request is not medically necessary.