

Case Number:	CM15-0040649		
Date Assigned:	03/10/2015	Date of Injury:	09/18/2012
Decision Date:	06/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on September 18, 2012. The diagnoses have included status post ALS symptom right and left shoulder and cervical spine sprain/strain. Treatment to date has included TENS unit and home exercise program. Currently, the injured worker complains of left arm, bilateral shoulder and bilateral wrist pain. In a progress note dated February 4, 2015, the treating provider reports examination revealed decreased range of motion of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appt: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker complains of left arm, bilateral shoulder and bilateral wrist pain requiring continuity of care. Per guidelines, the request for Follow-up appt is medically necessary.

Follow-up after 4 weeks: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker complains of left arm, bilateral shoulder and bilateral wrist pain requiring continuity of care. Per guidelines, the request for Follow-up after 4 weeks is medically necessary.

Range of motion testing for neck and low back: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Range of motion testing of the neck and low back is included in routine physical examination. Therefore, the medical necessity for computerized range of motion testing is not supported. The request for Range of motion testing for neck and low back is not medically necessary.

Massage therapy 3 x 6 for left shoulder and neck: 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 Massage therapy Page(s): 60.

Decision rationale: MTUS recommends Massage therapy as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Documentation provided indicates that the injured worker has had no significant improvement in pain with previous treatment modalities, including massage therapy. Documentation does not provide the quantity of previous sessions and the current requested service exceeds that recommended by MTUS. The request for Massage therapy 3 x 6 for left shoulder and neck is not medically necessary per guidelines.