

Case Number:	CM15-0072989		
Date Assigned:	04/23/2015	Date of Injury:	06/04/2014
Decision Date:	05/27/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female injured worker suffered an industrial injury on 06/04/2014. The diagnoses included cervical and lumbar spondylosis, bursitis and tendinitis of the shoulders, carpal tunnel syndrome and tendinitis of the wrist and hands. The diagnostics included magnetic resonance imaging of the neck, low back and shoulders. The injured worker had been treated with medications, acupuncture and physical therapy. On 2/11/2015 and 3/2/2015 the treating provider reported cervical spine, lumbar spine, bilateral shoulder, bilateral wrist/hands pain that was moderate to severe. On exam there were muscle spasms in the cervical spine, thoracic spine, lumbar spine, shoulders, wrist and hands with tenderness. The treatment plan included Follow up visit, Range of motion measurement, and Self-care management training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for an additional follow-up office visit, California MTUS does not specifically address the issue. ODG cites that "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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. The most relevant note associated with this request is on March 2, 2015. Given the documentation for continued pain and the treatment plan, this request is medically necessary.

(ROM) 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 Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. The most relevant note associated with this request is on March 2, 2015. Although the RFA is dated also on 3/2/15, the progress note does not contain any rationale as to why specialized ROM testing is warranted. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.

Self care management training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.21c Page(s): 2 of Title 8, Code of Regulations.

Decision rationale: In the case of this request, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either on self care management training. In fact, it is unclear what is intended by this request for self-care, because many times this is accomplished through physiotherapy training, but the note dated 3/2/15 states no further therapy is requested. Therefore, this request is not medically necessary.