

Case Number:	CM13-0001030		
Date Assigned:	06/20/2014	Date of Injury:	10/19/2011
Decision Date:	08/07/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/08/2013

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 Occupational Medicine and is licensed to practice in California. 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 57 years old female, Date of Injury 10/19/11. She has subsequently developed chronic pan spinal pain with discomfort involving the cervical, thoracic and lumbar spine. She has been diagnosed with a neuritic component to the cervical and lumbar spine. Treatment has consisted of conservative care plus a trial of lumbar epidural injections. Electrodiagnostics were consistent with bilateral Carpal Tunnel Syndrome. Episodic spinal ROM (Range Of Motion) measurements are reported using an electronic/computerized system. No change in treatment or diagnosis is recognized as a result of this testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Range of Motion measurement (computerized): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guidelines to the Evaluation of Impairment 5th ed., page 400 and ODG Guidelines Neck and Upper Back; Low Back Acute and Chronic, Computerized ROM testing/Flexibility.

Decision rationale: MTUS Chronic Pain Guidelines do not address this specific issue, but other standard setting Guidelines do. The AMA 5th ed. Guidelines are clear that usual and customary goniometers are the preferred method of spinal ROM testing. In addition, ODG Guidelines also do not support the medical necessity of computerized ROM testing. The requested Follow-up computerized ROM (Range Of Motion) testing as a distinct and unique medical service is not medically necessary.