

Case Number:	CM13-0010785		
Date Assigned:	09/19/2013	Date of Injury:	05/20/2007
Decision Date:	01/09/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

All medical, insurance, and administrative records provided were reviewed. The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; sleep aid; facet joint blocks; trigger point injections; unspecified amounts of massage therapy; and extensive periods of time off of work. In an earlier note of October 16, 2012, it is stated that the applicant is a "disabled" former traffic officer. In a utilization review report of July 9, 2013, the claims administrator denied request for computerized range of motion testing. The applicant's attorney later appealed, on August 8, 2013. A May 1, 2013 note is notable for comments that the applicant presents with persistent low back pain, shoulder pain, and neck pain. The applicant is wearing a lumbar support. The applicant exhibits tenderness, limited range of motion of multiple body parts. The applicant is asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One computerized strength and flexibility (range of motion) assessment of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 12, range of motion measurements should be monitored via conventional observation methods alone. Range of motion methods, however, per ACOEM, is deemed of "limited value." Thus, ACOEM deems conventional range of motion testing of limited value. There is, consequently, little or no support for the computerized range of motion testing proposed by the attending provider here. It is further noted that the applicant remains off of work, on total temporary disability, several years removed from the date of injury, and has no seeming intent to return to any form of work. It is unclear what role or purpose the computerized range of motion testing would serve here.

One computerized strength and flexibility (range of motion) assessment of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 8, range of motion testing of the cervical spine should be performed via conventional observation means. However, ACOEM deems range of motion methods of the neck and upper back of "limited value" owing to marked variation in individuals with and without symptoms. In this case, as with the lumbar range of motion testing, it is unclear what purpose the proposed computerized range of motion testing would play as the applicant seemingly has no intent to return to work. The attending provider has not furnished any rationale or narrative to offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.

One computerized strength and flexibility (range of motion) assessment of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 9, range of motion of the shoulder should be determined actively and passively. There is no role for the computerized range of motion testing proposed by the attending provider set forth in ACOEM.

One computerized strength and flexibility (range of motion) assessment of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flexibility..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 14, range of motion of the foot and ankle should be determined passively and actively. No role for the computerized range of motion testing proposed by the attending provider has been established or set forth in ACOEM. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.