MAXIMUS Federal Services

Case Number:	CM13-0031976		
Date Assigned:	12/04/2013	Date of Injury:	05/05/2011
Decision Date:	01/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery, 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:

This is a 44-year-old injured 05/05/11 sustaining an injury to the wrists, lumbar spine, cervical spine and right knee. The last clinical report for review is 08/19/13, assessment with [redacted], [redacted]., where the claimant was noted to be with continued subjective complaints of right knee pain and low back pain. Objectively, height, weight and vital signs were given without any other significant findings. He was given a diagnosis of cerebral concussion with loss of consciousness, cervicothoracic strain, status post bilateral open reduction internal fixation of the right hand fractures with hardware removal, lumbar spine strain and a right knee strain. Recommendations at that time were for further medication management, a handicap parking placard, and current request for computerized range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Updates, low back procedure

Decision rationale: California MTUS Guidelines are silent. When looking Official Disability Guidelines criteria the role of computerized range of motion testing to the lumbar spine or extremities are not supported. The relationship between lumbar range of motion and functionality is weak or nonexistent per guideline criteria. The role of computerized range of motion thus does not add anything to the claimant's clinical assessment or advancement of the claimant's clinical progress or treatment plan, the role of this request can thus not be supported as medically necessary.