

Case Number:	CM13-0044307		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2012
Decision Date:	06/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 50 year-old female who is reported to have sustained work related injuries on 09/30/12. The mechanism of injury is not described. The records indicate the injured worker has complaints of neck pain, bilateral shoulder pain, and back pain. On examination she is noted to have reduced cervical, lumbar and bilateral shoulder range of motion. She is noted to have diffuse tenderness throughout. The records indicate the injured worker has been treated with oral medications, accupuncture, and extensive chiropractic therapy. The records indicate that on 12/11/13 that left shoulder range of motion measurements were performed as part of an examination. The record includes a urine drug screen which was negative despite an active prescription for Tramadol. A utilization review determination dated 10/24/13 non-certified requests for range of motion measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ROM OF THE TRUNK SPINE: 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) Low Back Chapter, Flexibility

Decision rationale: The request for trunk range of motion measurements is not medically necessary. Per the Official Disability Guidelines range of motion measurements are not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. As this is considered to be part of a routine medical examination as there is no clinical indication for separate measurements, medical necessity is not established.

1 ROM OF THE RIGHT UPPER ETREMITY: 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) Low Back Chapter/Shoulder, Flexibility/Range of Motion.

Decision rationale: The request for right upper extremity range of motion measurements is not medically necessary. Per the Official Disability Guidelines range of motion measurements are not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. As this is considered to be part of a routine medical examination and there is no clinical indication for separate measurements, medical necessity is not established.

1 ROM OF THE LEFT UPPER EXTREMITY: 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) Low Back Chapter/Shoulder, Flexibility/Range of Motion.

Decision rationale: The request for left upper extremity range of motion measurements is not medically necessary. Per the Official Disability Guidelines range of motion measurements are not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. As this is considered to be part of a routine medical examination

and there is no clinical indication for separate measurements, medical necessity is not established.