

Case Number:	CM13-0051633		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	03/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 55-year-old female who reported an injury on 05/02/2012 due to a fall. The patient reportedly sustained a fracture to her left tibia. The patient also developed cervical spine pain, lumbar spine pain, bilateral shoulder pain, and bilateral wrist and elbow pain. The patient's chronic pain was conservatively treated with physical therapy and medications. The patient's most recent clinical exam findings included paraspinal cervical tenderness, tenderness to the bilateral elbows, joint line tenderness to palpation and decreased grip strength of the wrists bilaterally, and paraspinal thoracolumbar tenderness and spasming. The patient's diagnoses included cervical spine strain, lumbar spine strain, bilateral shoulder impingement, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome. The patient's treatment plan included continuation of medications and psychological support.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for a range of motion test with a date of service of 10/18/2013: 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).

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

Decision rationale: The retrospective request for range of motion test is not medically necessary or appropriate. The Official Disability Guidelines state that range of motion testing should be a routine part of a physical examination. Therefore, the need for computerized testing is not routinely supported. The clinical documentation submitted for review does not provide any evidence to support extending treatment beyond guideline recommendations. As such, the retrospective review for range of motion testing is not medically necessary or appropriate.