

Case Number:	CM13-0063211		
Date Assigned:	04/30/2014	Date of Injury:	10/24/2012
Decision Date:	06/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, bilateral shoulders, and bilateral low back pain associated with an industrial injury sustained on October 24, 2012. Thus far, the applicant has been treated analgesic medications; MRI of the lumbar spine on May 28, 2013, notable for low grade disk bulge of uncertain clinical significance; electrodiagnostic testing of lower extremities on January 17, 2013, notable for questionable lumbar radiculopathy; unspecified amounts of acupuncture; and injection therapy. It appears that the applicant reported neck pain, low back pain, foot pain, and shoulder pain on a February 21, 2014 office visit. Range of motion testing was performed through computerized goniometry. The applicant was apparently given a 25% whole person impairment rating. It did not appear that the applicant was working. Multiple progress notes interspersed throughout 2013 were notable for comments that the applicant was off work, on total temporary disability, including on September 1, 2013; September 30, 2013; and December 6, 2013. It appears that the range of motion testing in question was also performed on an office visit of September 30, 2013, at which point the applicant was again placed off work, on total temporary disability. The applicant was given diagnoses of cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, and shoulder impingement at that point in time. Electronic/computerized inclinometers/goniometers were employed to perform range of motion testing. The attending provider did not state why or how computerized range of motion as to what influenced the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM TEST OF THE C 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 170, range of motion measurements of the neck and upper back are given limited value because of the marked variation among applicants with and without symptoms. Thus, there is little supporting ACOEM even for conventional range of motion measurements through observation, let alone the computerized range of motion testing performed by the attending provider through electronic inclinometers. It is further noted that the attending provider did not furnish any rationale for usage of the range of motion testing in question and did not state how or if said range of motion testing would influence the treatment plan. Therefore, the request is not medically necessary.

ROM TEST OF THE L 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of limited value because of the marked variation amongst applicants with and without symptoms. In this case, as with the request for range of motion testing of the other body parts, the attending provider did not state how computerized range of motion testing through electronic inclinometers would influence the treatment plan or change the clinical picture. No information was provided so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

ROM TEST OF THE BILATERAL SHOULDERS: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 200, range of motion of the shoulder should be determined actively and passively. There is no support, then, in ACOEM for computerized range of motion testing performed here through the use of the electronic inclinometers and goniometers. The attending provider did not furnish any applicant specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. The attending provider did not state how computerized range of motion testing influences the treatment plan here. Therefore, the request is not medically necessary.

ROM TEST OF THE BILATERAL ANKLES: 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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-366.

Decision rationale: The MTUS-adopted ACOEM Guidelines in Chapter 14, pages 365 and 366, state that range of motion of the foot and ankle should be determined both actively and passively, by asking the applicant to move the foot and ankle within the limits of symptoms and then engaging in gentle range of motion of the joints. There is not seemingly any supporting ACOEM guideline for the computerized range of motion testing performed by the attending provider using electronic goniometers. The attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. No rationale for the testing in question was provided. Therefore, the request is not medically necessary.