Case Number:	CM13-0066067		
Date Assigned:	07/11/2014	**Date of Injury:**	07/30/2013
Decision Date:	08/21/2014	**UR Denial Date:**	12/06/2013
Priority:	Standard	**Application Received:**	12/16/2013

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 Physical Medicine & 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 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 39-year-old female with a reported date of injury of 07/30/2013. The mechanism of injury was due to a twist and fall. Her diagnoses were noted to include lumbar sprain/strain, rule out facet arthropathy, left ankle pain, osteoarthritis of the left hip, left sided trochanteric bursitis and chronic pain. Her previous treatments were noted to include trigger point injections, physical therapy, acupuncture and medications and shockwave therapy. A progress note dated 03/10/2014 revealed the injured worker complained of low back, left hip, right foot and right ankle pain. The physical examination of the lumbar spine revealed tenderness to palpation with spasms of the paraspinals and limited range of motion secondary to pain. The lumbar spine range of motion and muscle strength testing were noted to be: lumbar spine flexion 48% of normal, extension 80% of normal, left lateral 76% of normal, and right lateral 88% of normal. The lumbar spine muscle test was noted to be: hip flexion -4% on the left, hip extension -14% on the right. Pinwheel sensory dermatomes L1-S1 were intact and reflexes were 2+ bilaterally. The Request for Authorization form dated 03/10/2014 was for range of motion and muscle testing with a computerized tracker for range of motion; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion and Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guides to Evaluation of Permanent Impairment 5th Edition.

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, Flexibility.

Decision rationale: The physician used a JTECH Medical device to perform range of motion and muscle testing. The Official Disability Guidelines do not recommend flexibility as a primary criterion, but indicate it should be part of routine musculoskeletal evaluation. The relation between lumbar spine 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, as per the current Impairment Guidelines of the American Medical Association. The value of the sit and reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, state an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion where the result is of unclear therapeutic value, preferring instead the inclinometers. Therefore, the request is not medically necessary.