

Case Number:	CM13-0069136		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2013
Decision Date:	05/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 low back, neck, and ankle pain reportedly associated with an industrial injury of February 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; an ankle reconstruction surgery/fusion surgery on June 4, 2013; a CAM Walker; unspecified amounts of physical therapy postoperatively; and extensive periods of time off of work. In a Utilization Review Report of December 12, 2013, the claims administrator denied request for range of motion and muscle testing, spinal alignment measurements, and "impairment ratings." The applicant's attorney subsequently appealed. On November 7, 2013, the applicant noted that the bulk of her symptoms rose after having been battered at the workplace by some combative students. The applicant presented with low back, foot, and ankle pain. The applicant was on Motrin. It was stated in one section of the report that the applicant was working. Tenderness, spasm, and pain limited range of motion were noted about the lumbar spine. The applicant exhibited a normal ankle range of motion with surgical incision line appreciated. 5/5 lower extremity strength was appreciated. MRI imaging was sought. It was stated that the applicant was working with a motorized scooter at the workplace. A variety of notes interspersed throughout mid to late 2013 suggest that the applicant was receiving psychological counseling for derivative depressive symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL, LUMBAR, AND BILATERAL ANKLE ROM MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: According to the MTUS/ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of limited value, given the marked variation amongst individuals with symptoms and those without symptoms. Similarly, the MTUS/ACOEM Guidelines Chapter 8, page 70 also notes that range of motion measurements of the neck and upper back are likewise of limited value owing to marked variation in individuals with and without symptoms. The MTUS/ACOEM Guidelines Chapter 14, page 366 suggests that strength and range of motion testing constitute part and parcel of the regional foot and ankle examination. Similarly, both chapter 8 and 12 of the MTUS/ACOEM Guidelines endorse testing for muscle strength; however, each and all of the aforementioned guidelines suggest that muscle strength testing/manual muscle testing constitutes part and parcel of an attending provider's usual and customary physical examination. The computerized range of motion testing/computerized muscle testing being sought here is not endorsed by MTUS/ACOEM guidelines, which notes that these measurements constitute part and parcel of an attending provider's usual and customary physical examination. Therefore, the request for cervical, lumbar, and bilateral ankle Rom muscle testing is not medically necessary and appropriate.

BILATERAL ANKLE AND SPINAL ALIGNMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: According to the MTUS/ACOEM Guidelines in Chapter 14, page 366, skeletal alignment of the foot and ankle in relation to the whole body can be observed. As with the range of motion and muscle strength test, observation to determine alignment or malalignment is considered part and parcel of an attending provider's usual and customary physical examination, as further noted in the MTUS/ACOEM Guidelines in Chapter 12, page 293, which suggest observing the applicant's gait and stance for alignment and the like. Therefore, the request for bilateral ankle and spinal alignment is not medically necessary and appropriate.

LUMBAR AND CERVICAL IMPAIRMENT READING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: MTUS/ACOEM Guidelines in Chapter 12, page 293 and Chapter 8, page 170, range of motion measurement of the neck, upper back, and/or lumbar spine are of limited value owing to the marked variation amongst the applicants both with and without symptoms. There is, thus, little support in ACOEM for conventional range of motion testing, let alone the formal computerized "impairment reading" method of measuring the applicant's range of motion. Therefore, the request for lumbar and cervical impairment reading is not medically necessary and appropriate.