

Case Number:	CM13-0070275		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2012
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 54 year-old male who was injured on 8/24/2012. He has been diagnosed with lumbar disc displacement with myelopathy; cervical disc herniation without myelopathy; aftercare for surgery (inguinal hernia repair); and anxiety. According to the 11/18/13 report from [REDACTED], the patient presents with cervical and lumbar spine pain, abdominal pain, and stress and nervousness.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: According to the 11/18/13 report from [REDACTED], the patient presents with cervical and lumbar spine pain, abdominal pain, and stress and nervousness. He recommends range of motion testing as a separate procedure. The issue here deals with

performing computerized range of motion testing as a separate procedure from a part of the standard physical examination. The Official Disability Guidelines state that this is a routine part of the musculoskeletal evaluation. Computerized range of motion testing is not necessary for a California impairment rating. Computerized range of motion separate from the routine musculoskeletal evaluation is not in accordance with the guidelines. Therefore, the requested services are not medically necessary or appropriate.