

Case Number:	CM14-0001721		
Date Assigned:	01/22/2014	Date of Injury:	09/20/2012
Decision Date:	10/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 injured worker is a 58 year old male with a reported date of injury on 09/20/2012. The reported mechanism of injury was a fall. The past treatments included pain medication. The diagnoses are lumbar radiculopathy, cervicgia, and upper extremity neuropathy. The MRI of the cervical spine performed on 04/30/2014 revealed C4-C5 broad based disc protrusion and exiting nerve root at the C5 and C6 level. The surgical history was not noted in the records. The subjective complaints and physical examination on 06/20/2014 were not noted. The medications included Naproxen and Protonix. The treatment plan and rationale were not documented in the notes. The request for authorization form was dated 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RANGE OF MOTION AND MUSCLE TESTING (COMPUTERIZED TRACKER ROM FROM [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC 2013 Low Back, Lumbar and Thoracic Computerized Range of Motion (ROM); See Flexibility.

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 - Lumbar & Thoracic, Flexibility

Decision rationale: The request for OUTPATIENT RANGE OF MOTION AND MUSCLE TESTING (COMPUTERIZED TRACKER ROM FROM [REDACTED]) is not medically necessary. The Official Disability Guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result range of motion is of unclear therapeutic value. The patient has evidence of chronic pain. However, there was no physical examination documented in the notes and no rationale provided with the request. As the guidelines do not recommend computerized measures of lumbar spine range of motion the request is not supported.