

Case Number:	CM14-0004543		
Date Assigned:	02/05/2014	Date of Injury:	02/13/2013
Decision Date:	07/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

This is a 44-year-old female patient with a 2/13/13 date of injury when she was head-butted by a student. A 10/17/13 progress report indicated that the patient had constant headache, nausea, flashes in the eye, vertigo, neck pain radiating to the left upper extremities, and pain in the temporomandibular joint. Physical exam demonstrated muscle spasm in the cervical spine, tenderness of the temporomandibular joint area, multiple floaters and tenderness of the zygomatic process. Objective findings demonstrated weakness and restricted range of motion. She was diagnosed with post-traumatic head syndrome, cervical sprain/strain, shoulder impingement syndrome, temporomandibular joint strain and tinnitus. Treatment to date: physical therapy, surgeon consultation for eyelid and medication management. There is documentation of a previous 12/26/13 adverse determination, based on a fact that there was no documentation to establish the necessity of this exam as a separate procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED MUSCLE AND FLEXIBILITY RANGE OF MOTION TESTING FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Computerized ROM Testing.

Decision rationale: CA MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does 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 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". However, the provider does not provide a clear rationale as to why this patient needs computerized range of motion testing as opposed to standard range of motion testing with inclinometers. There was no documentation that supports the necessity of this procedure. Therefore, the request for **COMPUTERIZED MUSCLE AND FLEXIBILITY RANGE OF MOTION TESTING FOR THE CERVICAL SPINE** was not medically necessary.