

Case Number:	CM14-0103711		
Date Assigned:	07/30/2014	Date of Injury:	05/16/2013
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 54-year-old male who reported an injury on 05/16/2013. The mechanism of injury was not provided for clinical review. The diagnosis included status post left fibular fracture. The previous treatments included medication. The diagnostic testing included an Electromyogram (EMG)/Nerve Conduction Studies (NCV). Also, within the clinical note dated 04/24/2014, it was reported the injured worker complained of mild pain to the fibular area. Upon the physical examination, the provider noted mild tenderness with palpation to the fibular area. The injured worker had decreased sensation of the forearm. The clinical documentation submitted is largely illegible. The provider requested computerized range of motion and strength testing of the left lower extremity. However, a rationale was not provided for clinical review. The Request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM and strength testing of the left LE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Computerized muscle testing, Low Back Chapter, Flexibility and stretching.

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, American Medical Association.

Decision rationale: The Official Disability Guidelines do not recommend flexibility as a recommended primary criterion, but should be a part of routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implication for clinical practice, as it relates to disability and helps to determine patients with chronic low back pain, and perhaps for the current impairment guidelines of American Medical Association. The guidelines do not recommended computerized measures for the lumbar spine range of motion, which can be done with inclinometers and where the result of range of motion is of unclear therapeutic value. There is lack of documentation warranting the medical necessity for the request submitted. The guidelines do not recommend the use of computerized range of motion. Therefore, the request is not medically necessary.