

Case Number:	CM14-0106487		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/09/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury of 2/15/2012. Medical records indicate the patient is undergoing treatment for lumbar disc replacement, neck pain, shoulder pain, and low back pain. Subjective complaints include pain in the neck, shoulders, and back. Objective (handwritten notes were difficult to read and interpret) findings include decreased cervical and lumbar spine range of motion; decreased bilateral shoulder range of motion in all planes; Right knee has positive McMurray's test. Treatment has consisted of Lorcet Plus, Voltaren, Protonix, Flexeril, Remeron and Terocin. The utilization review determination was rendered on 7/7/2014 recommending non-certification of One retrospective cervical lumbar and shoulder range of motion (ROM) on 05/25/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

One retrospective cervical lumbar and shoulder range of motion (ROM) on 05/25/2012:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33, Chronic Pain Treatment Guidelines

Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion - Flexibility

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states, "Physical Impairments (e.g., joint range of motion (ROM), muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". American College of Occupational and Environmental Medicine (ACOEM) states, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." Official Disability Guidelines (ODG) states regarding Range of Motion, "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." In this instance, a "Focused regional examination" per ACOEM is warranted. A range of motion test would be considered a routine physical exam component and not considered a special 'stand alone' test, unless indicated specifically. The medical records do not indicate the reason for a range of motion test to be 'stand alone' and not performed in conjunction with a comprehensive physical exam. As such, the request for one retrospective cervical lumbar and shoulder range of motion (ROM) on 05/25/2012 is not medically necessary.