

Case Number:	CM14-0010781		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain, mid back pain, neck pain, and shoulder pain reportedly associated with an industrial injury of June 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; a multimodality transcutaneous electric therapy device; and several months off of work. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for computerized range of motion and muscle testing, citing non-MTUS ODG Guidelines, although the MTUS, through ACOEM, did address the topic. The applicant's attorney subsequently appealed. A November 27, 2013 progress note was notable for comments that the applicant reported worsening low back pain radiating to the right leg. The applicant was having issues with reflux. Limited range of motion about the low back and shoulder were noted secondary to pain. The applicant was asked to obtain MRI of lumbar spine, electrodiagnostic testing of lower extremities, a continuous cooling device, and Protonix while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION AND MUSCLE TESTING: 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 & Leg Chapter, Computer Muscle Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 200, 293.

Decision rationale: noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of limited value because of the marked variation amongst applicants with and without symptoms. ACOEM further notes in Chapter 12, page 293 that testing for muscle strength can be performed when asking the applicant to flex and/or extend against resistance. There is no support, thus, in ACOEM for the more elaborate computerized range of motion and strength testing sought by the attending provider. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 200, notes that the range of motion of the shoulder can be determined actively and passively. ACOEM Chapter 9, page 200 also suggests that an applicant's motor function can be assessed through manual muscle testing. There is no support, then, in either ACOEM Chapter 9 or ACOEM Chapter 12 for the computerized range of motioning and/or stress testing sought by the attending provider. In this case, it is not clearly stated how or why the testing in question influenced or altered the treatment plan or clinical picture. Therefore, the request is/was not medically necessary.