

Case Number:	CM14-0013917		
Date Assigned:	03/28/2014	Date of Injury:	08/30/2010
Decision Date:	07/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 patient is a 41-year-old male who has submitted a claim for cervical and lumbar sprain/strain associated with an industrial injury date of August 30, 2010. Medical records from 2013 were reviewed. The patient complained of neck and lower back pain with radiation and numbness to both hands and feet. Physical examination showed tenderness and spasm over the trapezius, paracervical, sternocleidomastoid, and paralumbar muscles; restricted cervical and lumbar ROM; and positive cervical distraction, compression, shoulder depression, and Kemp's tests bilaterally. Treatment to date has included NSAIDs, opioids, topical analgesics, home exercise programs, and physical therapy. Utilization review from January 30, 2014 denied the request for retrospective ROM testing because ROM testing is a part of the office evaluation of musculoskeletal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ROM TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Range of motion measurement is not considered as an additional treatment; it is usually included as a part of a followup visit. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for retrospective ROM testing is not medically necessary.