

<b>Case Number:</b>	CM14-0117381		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 62 year old male with a work injury dated 7/18/12. The diagnoses include cervical sprain/strain, lumbar sprain/strain, L4-5 and L5-S1 disc herniation with foraminal stenosis. Under consideration is a request for retrospective range of motion measurements QTY: 1.00. There is a secondary treating physician report dated 6/23/14 that states that the patient has intermittent neck pain rated 4/10, constant low back pain rated 8/10 and swelling in the left ankle. On the exam, the lumbar and cervical spine had decreased range of motion. The patient uses a cane for support. There is a request for range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective range of motion measurements QTY: 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170, 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Flexibility.

**Decision rationale:** Retrospective range of motion measurements QTY: 1.00 is not medically necessary per the MTUS ACOEM guidelines and the ODG guidelines. The ACOEM MTUS guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back and in the low back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The ODG states that flexibility in regards to range of motion is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The documentation is not clear on why a separate range of motion measurement is needed over that of a routine physical exam. The request for retrospective range of motion measurements QTY: 1.00 is not medically necessary.