

Case Number:	CM14-0130696		
Date Assigned:	08/20/2014	Date of Injury:	05/15/2011
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 injured worker is a 43-year-old female who has submitted a claim for multiple traumas associated with an industrial injury date of May 15, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the injured worker complained of cumulative trauma to back, neck, bilateral upper and lower extremities including arms, elbows, legs, and psyche. Injured worker also had a sleep disorder and headaches from an unknown cause. Physical examination was limited. It showed range of motion (ROM) of the right elbow at 45% extension, 50% flexion, 20% supination. There was tenderness at the lateral epicondyle. Injured worker also had positive Tinel's at the wrist and elbow. An elbow MRI dated 4/14/12 showed common extensor tendon tear. Treatment to date has included medications, conservative care, injection and elbow study. Utilization review from August 4, 2014 denied the request for Rang of Motion Muscle Testing because the physical exam reflected only some tenderness and no updated even cursory ROM or motor findings or noted deficits and no rationale for testing was provided. The guidelines also do not recommend this kind of testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion 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

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. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for range of motion (ROM) testing is not medically necessary.