

Case Number:	CM14-0150774		
Date Assigned:	10/06/2014	Date of Injury:	12/13/2007
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal 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 an injured worker with the diagnoses of spinal stenosis of the lumbar region, lumbosacral neuritis, myalgia and myositis, sprain of the neck, and sprain of the lumbar region. The mechanism of injury occurred after he took a misstep on a catwalk, subsequently falling and hurting his low back and hip. Date of injury was 12/13/07. The patient had been diagnosed with spinal stenosis of the lumbar region, lumbosacral neuritis, myalgia and myositis, deformities of the ankle and foot, sprain of the neck, and sprain of the lumbar region. The patient was seen on 2/12/14 and he was status post left shoulder arthroscopy surgery to include subacromial decompression, distal clavicle resection, and debridement, which was performed on 6/13/13. The patient complained of weakness with continuing symptoms in the left shoulder stated as severe with shoulder pain. The patient had lumbar spine pain, which had been constant, severe, and radiating into the lower extremities. The patient was seen again on 3/12/14 with relatively unchanged subjective and objective findings. The patient's left shoulder range of motion (ROM) demonstrated flexion of 165 degrees, abduction of 160 degrees, internal rotation 70 degrees, and external rotation of 75 degrees. He was tender to palpation in the lumbar and cervical paraspinal muscles and sciatic notch. The patient was evaluated on 8/14/14 with continued severe lower back pain rated as an 8.5/10 with numbness and radiating pain to the bilateral lower extremities. His pain was decreased for about 2 weeks after his lumbar epidural steroid injection with his current range of motion of the lumbar spine rated as flexion of 40/60 degrees with extension 15/25 degrees. The patient was evaluated on 8/20/14 with complaints of low back pain, constant at an 8/10 radiating into both legs. Lumbosacral flexion was 60 degrees with extension 25 degrees and bilateral bending of 25 degrees. On 8/27/14, the left shoulder demonstrated flexion 80 degrees, abduction 85 degrees, internal and external rotation of 70- degrees. Utilization review determination date was 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Office Visits, Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 200, 292-293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Pages 292-293) states that range-of-motion measurements of the low back are of limited value. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) state that flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. ACOEM 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 200) states that the physical examination includes a regional examination of the neck and shoulder girdle. The range of motion of the shoulder should be determined actively and passively. Medical records document that the physical examination performed on 8/20/14 demonstrated lumbosacral flexion 60 degrees, extension 25 degrees, and bilateral bending 25 degrees. Physical examination performed on 8/27/14 demonstrated that the left shoulder demonstrated flexion 80 degrees, abduction 85 degrees, internal and external rotation 70 degrees. MTUS, ACOEM, and ODG guidelines indicate that ROM range of motion is a part of the physician's physical examination. Additional and separate ROM measurements are not supported. Therefore, the request for Range of Motion is not medically necessary.