

Case Number:	CM14-0173916		
Date Assigned:	10/27/2014	Date of Injury:	09/05/2012
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 34 year old who had a work injury dated 9/5/12. The diagnoses include migraine and tension headaches, cervical spine strain/sprain; cervical spine disc protrusions, cervical radiculopathy; cervical stenosis; right shoulder tendinosis and right shoulder sprain/strain; right shoulder arthritis; bilateral medial and lateral epicondylitis; carpal tunnel syndrome. Under consideration are requests for ROM (range of motion) and muscle testing. A 9/19/14 medical reevaluation indicates that the patient complains of headache, upper back, right shoulder, left and right elbows, and her bilateral carpal tunnel syndrome. She reports that since the last visit, she is about the same. Sometimes worse, sometimes better. She states that her headaches have improved significantly as long as she is taking medications. The neck pain is off and on. It feels heavy and throbbing. She rates it at 8/10. She has pain in her shoulders. In her right shoulder, it is a heavy throbbing sensation. She rates that at 8/10. In her left and right elbow, she has pain over the medial and lateral epicondyle. She states that this pain is aching pain, it is off and on, and she rates it at 7/10; and the pain that she has in her wrist is a constant, aching pain. She rates that at 8/10. The cervical spine exam revealed tenderness over the C5-C6 and C6-C7 bilaterally. She has tenderness with paraspinal muscles spasms over the C6-C7 and C7 - T1. She has decreased range of motion. There is positive Spurling and compression bilaterally. She has tenderness over the bicipital groove, the deltoid, and the posterior supraspinatus and infraspinatus muscle groups. She has decreased range of motion. There is no subluxation. Her left and right elbow's flexion and extension are within normal limits. She has tenderness over the medial and lateral epicondyles. There is a negative Mill's sign. The wrists reveal tenderness, decreased range of motion and a positive Mill's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (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), Treatment in Workers Compensation (TWC), 2014, Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170, 171. Decision based on Non-MTUS Citation Neck- Flexibility

Decision rationale: ROM (range of motion) and muscle testing is not medically necessary per the MTUS and the ODG guidelines. The ODG states that flexibility is not recommended as primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The ACOEM MTUS lists muscle strength testing as part of the routine exam in patients with cervical spine complaints. The documentation is not clear on how range of motion testing will change the treatment plan for this patient and why muscle testing cannot be performed as part of a routine history and physical exam. The request for specialized ROM (range of motion) and muscle testing is not medically necessary.