MAXIMUS Federal Services

Case Number:	CM14-0021303		
Date Assigned:	05/05/2014	Date of Injury:	05/06/2010
Decision Date:	07/25/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 59-year-old female patient with a 5/6/10 date of injury. 3/10/14 supplemental report indicates that in order to properly assess the patient's permanent disability and whole person impairment, accurate reproducible range of motion measurements are required.12/16/13 progress report indicates that the patient is at maximum medical improvement.11/12/13 progress report indicates overall 80% improvement following surgery 10 months prior. The patient continues to have right flank pain that fluctuates with intensity, intermittent neck pain, radiating to bilateral shoulders. There is bilateral hand and wrist pain sporadically. There is no back pain that radiates to the lower extremities, left side greater than right. Physical exam demonstrates positive tickle sign at the bilateral elbows, positive Tinel's sign at the bilateral wrists, and lumbar tenderness.The patient underwent left thumb carpometacarpal (CMC) arthroplasty with 80% improvement, has had physical therapy, home exercise program, acupuncture, and medication. The patient has been released to full duty.There is documentation of a previous 2/5/14 adverse determination for lack of documentation of specific functional levels, relation to work demands, lack of defined goals of such testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test computerized strength and flexibility (range of motion) assessments for the cervical spine and upper extremities, lumbar spine and lower extremities, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

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 Chapter) Computerized ROM testing.

Decision rationale: CA MTUS does not apply. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. There is no indication as to why measurements with an inclinometer would be considered insufficient. The patient was released to full duty, and it is unclear why precise range of motion (ROM) assessment would alter further diagnostic and therapeutic management. While a supplemental report indicates that in order to properly assess the patient's permanent disability and whole person impairment, accurate reproducible range of motion measurements are required, such measurements would normally be obtained with an inclinometer. Therefore, the request for diagnostic test computerized strength and flexibility (range of motion) assessments for the cervical spine and upper extremities, lumbar spine and lower extremities, bilateral shoulders is not medically necessary.