

Case Number:	CM14-0056072		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2011
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation 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 53-year-old male with a reported date of injury on 02/23/2011. The injury reportedly occurred when the injured worker was attempting to park an all-terrain vehicle. His diagnoses were noted to include left clavicle fracture, nonunion status post distal clavicle resection, left shoulder rotator cuff syndrome, left supraspinatus tear with tear of labrum, right wrist sprain, left wrist sprain, thoracic spine strain with degenerative disc disease, lumbar spine strain with degenerative disc disease, and likely left lower extremity radiculitis. His previous treatments were noted to include physical therapy, acupuncture, surgery, and medications. The progress note dated 02/25/2014 revealed the injured worker complained of mild to moderate upper back pain, moderate shoulder pain radiating to the left neck, and bilateral wrist pain that was mild to moderate. The physical examination to the left shoulder noted tenderness to palpation over the mid clavicle, and motor and sensation to light touch were intact distally. The range of motion was abduction 135 degrees, flexion 165 degrees, extension 45 degrees, external rotation 75 degrees, and internal rotation to T8. The motor strength was noted to be 4/5. There was a positive Hawkins'/Kennedy impingement test and Neer's impingement test. The right wrist range of motion was supination/pronation to 90/90 degrees, dorsiflexion/palmar flexion was 60/70 degrees, and the thumb was near full range of motion and abduction as well as flexion and extension of the carpometacarpal, metacarpophalangeal, and interphalangeal joints. There was full range of motion in adduction and abduction, as well as flexion and extension of the metacarpophalangeal, proximal interphalangeal, and distal interphalangeal joints of the right index, long, ring, and small fingers. There was mild tenderness to palpation at the anatomic snuffbox and scaphoid tubercle. There was negative Tinel's and Phalen's at the wrist. The examination of the left wrist showed range of motion to be supination/pronation to 90/90 degrees and dorsiflexion/palmar flexion to 70/80 degrees. The thumb had full range of motion with

adduction and abduction as well as flexion and extension of the carpometacarpal, metacarpophalangeal, and interphalangeal joints. There was full range of motion with the fingers and mild tenderness to palpation at the anatomic snuffbox and scaphoid tubercle, as well as mild tenderness to palpation at the flexor carpi ulnaris and flexor carpi radialis. Examination of the lumbar and thoracic spine range of motion was noted to be flexion to 75 degrees, extension was to 15 degrees, rotation was to 15 degrees right/left, and right/left lateral bending was to 45 degrees. The lower extremity had intact sensation and the deep tendon reflexes were equal bilaterally. The strength was rated 4/5 to the hip flexion. There was a positive straight leg raise to the left lower extremity. The Request for Authorization Form that was not dated was for range of motion measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Measurements: 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 Chapter.

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 physician has been performing range of motion measurements during the examinations. The Official Disability Guidelines do not recommend flexibility as a primary criterion, but it should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain and perhaps for the current impairment guidelines. The guidelines state an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion which could be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Measurement of 3 dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. The guidelines do not recommend computerized measures for range of motion measurements and recommend an inclinometer, which is the preferred device. The request for Range of Motion Measurements is not medically necessary.