

Case Number:	CM14-0066610		
Date Assigned:	07/11/2014	Date of Injury:	07/29/2011
Decision Date:	09/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 44 year old female injured on 07/29/11 as a result of lifting injured workers weighing approximately 50 pounds from their beds and bathing them over several hours unassisted and subsequently developing right shoulder and neck pain and numbness and tingling in the entire right upper extremity. The injured worker was initially treated with physical therapy, medication management, and modified duties without significant improvement in symptoms. The injured worker was further treated with chiropractic therapy and injections following evaluation by orthopedic surgeon at which time she was deemed not a surgical candidate. Computerized range of motion measurement system evaluation of the upper extremities was performed on 12/02/13 and 05/13/14 clinical note dated 05/09/14 indicated the injured worker presented complaining of low back pain, right shoulder pain, neck pain, and mid back pain. The injured worker also reported experiencing headaches, anxiety, and depression. The injured worker underwent physical therapy with evaluation of range of motion utilizing computerized range of motion measurement system before during and at the end of treatment to assess outcome for pair of home exercise program/maintenance. The initial request was non-certified on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion Testing of Bilateral upper Extremities, bilateral hands, lumbar region and cervical region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature Analysis of Spine Motion variability.

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 - Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: As noted in Official Disability Guidelines - Online version, computerized range of motion testing is not recommended for use when range of motion can be performed with inclinometers, and where the result (range of motion) is of unclear therapeutic value. There was no indication that the injured worker received ongoing physical therapy to warrant ongoing retesting at four to six week basis utilizing computerized range of motion measurement. As such, the request for Computerized Range of Motion Testing of Bilateral upper Extremities, bilateral hands, lumbar region and cervical region cannot be recommended as medically necessary.