

Case Number:	CM14-0080390		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2005
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 07/26/1989, due to an unspecified mechanism. The injured worker had a history of recurrent deep vein thrombosis and deep vein thrombosis chronic leg. The medications included Lisinopril 40 mg, Levothyroxine 75 mcg, Amoxicillin 500 mg, Chlorhexidine Gluconate 0.12%, Warfarin 5 mg, Norvasc 2.5 mg, (Pravachol) Pravastatin is 40 mg, Terazosin 1 mg, Levitra 20 mg, Tylenol 325 mg, and Triamcinolone Acetonide. The physical examination dated 09/18/2013 revealed no abnormalities. The physical exam indicated oriented to person, place, and time, no distress, normocephalic and atraumatic, musculoskeletal no edema, no tenderness. The treatment plan included range of motion testing and manual muscle testing. The request for authorization was not submitted with documentation. The rationale was for range of motion testing and manual muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Range of motion testing between 4/3/2014 and 4/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Functional restoration programs (FRPs).

Decision rationale: The Official Disability Guidelines indicate that for functional restoration programs/ chronic pain programs, Note: For these interdisciplinary chronic pain programs the issue is not what body part is involved as much as whether the patient exhibits chronic pain behavior, such as chronic pain syndrome with the multiplex of psychological disorders, vocational problems and family discord. While the literature is heavily spinal, the focus is not the anatomic site of primary pathology, but the evolution of these associated chronic and debilitating factors. Per the clinical notes provided, no objective findings were addressed, and no complaints or history of complaints from the injured worker were documented, resulting in the inability to determine what body part needed the range of motion. The clinical notes were vague and did not address any chronic pain behavior or physical signs. As such, the request is not medically necessary.

Retrospective request for 1 Manual muscle testing between 4/3/2014 and 4/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Computerized muscle testing.

Decision rationale: Per the Official Disability Guidelines, manual muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. Per the clinical notes provided, no objective findings were addressed, and no complaints or history of complaints from the injured worker were documented. The clinical notes were vague and did not address any chronic pain behavior or physical ailments. As such, the request is not medically necessary.