MAXIMUS Federal Services

Case Number:	CM14-0099400		
Date Assigned:	07/28/2014	Date of Injury:	09/20/2012
Decision Date:	12/11/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Injured worker (IW) sustained a cumulative trauma industrial injury to the neck and back on 09/20/12. Office notes document restriction of cervical and thoracolumbar range of motion (ROM) measurements due to pain, but the only documented ROM measurements were for the cervical spine on 03/19/14. IW is s/p a cervical MRI with flexion/extension views. No evidence of instability is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized tracker ROM from JTECH medical - cervical spine and upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back chapter, Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment, 5th Ed. Chapter 15, The Spine, page(s) 309-426. Chapter 16, The Upper Extremities, page(s) 450-479.

Decision rationale: ACOEM Guidelines states, "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." ODG does not recommend use of computerized range of motion measurements for the cervical spine, noting "relation between back range of motion measures and functional ability is weak or nonexistent." AMA Guides for the Evaluation of Permanent Impairment recommends other methods of range of motion measurement in determining impairment, including manually applied inclinometers for the spine and goniometers or inclinometers for the upper extremities. No rationale is documented which would support the medical necessity for computerized range of motion testing in this case, and this request is inconsistent with evidence-based recommendations and is not medically necessary.