

<b>Case Number:</b>	CM14-0005978		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 43 year old injured worker with a date of injury of 10/15/13. He is being treated for muscle spasm, back pain, lumbosacral sprain with radiculitis. Subjective findings on 11/18/13 include low back pain radiating to left thigh, left leg down to the foot. There is mild tingling in left calf. Pain increases when sitting down at night and better with movement. Objective findings include tenderness on paraspinal muscles, thoracolumbar spine ROM of 15 degrees flexion, 10 degrees extension, right and left flexion of 10 degrees, positive sitting root and straight left raise at 15 degrees on right and 10 degrees on left, patellar reflex on left is 3+ and rest of the exam is normal. Treatment thus far has consisted of hot and cold packs, chiropractic therapy, back support, massager and medications (etodolac, polar frost, cyclobenzaprine). The Utilization Review on 12/23/13 found the request for Range of Motion and Muscle Testing to be non-certify due to lack of clinical indication as cited by the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RANGE OF MOTION AND MUSCLE TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31-37, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 47-48. Decision based on Non-MTUS Citation Low backpain, range of motion

**Decision rationale:** The MTUS states, "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". In the ACOEM physical examination portion it states Muscle testing and range of motion testing (ROM) are integral parts of a physical examination. This can be done either manually, or with computers or other testing devices. It is the treating physician's prerogative to perform a physical examination with or without muscle testing and ROM devices. However, in order to bill for this sort of test as a stand-alone diagnostic procedure, there must be medical necessity above and beyond the usual requirements of a medical examination, and the results must significantly impact the treatment plan. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. While the ACOEM Guidelines do not comment specifically on this issue, other than to recommend a thorough history and physical examination, for which no computerized devices are recommended for Range of Motion and Muscle Testing. As such the request is not medically necessary.