MAXIMUS Federal Services

Case Number:	CM14-0138145		
Date Assigned:	09/05/2014	Date of Injury:	08/05/2013
Decision Date:	04/02/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 30 year old female with an industrial injury dated 08/05/2013 that occurred during a robbery while on the job. Her diagnoses include cephalgia, cervical disc protrusion, left shoulder tendinitis, right shoulder effusion/sprain/AC/OA/RC tear/ impingement, and stress. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, acupuncture, chiropractic therapy, and physical therapy. In a progress note dated 06/05/2014, the treating physician reports shoulder and neck pain with the remaining notes being illegible (hand written report). A computerized range of motion report (dated 06/04/2014) was submitted and showed restricted range of motion in the cervical spine and bilateral shoulders. The objective examination was illegible. A detailed report on a surveillance video (report dated 06/11/2014) (video taken 03/18/2014 and 03/29/2014) was submitted and was stated to be "unremarkable in that they do not feature the applicant engaging in activities of daily living that would not be expected of her based on her clinical examination". The treating physician is requesting a retrospective computerized range of motion of the cervical spine and upper extremities (07/07/2014) which was denied by the utilization review. On 07/31/2014, Utilization Review non-certified a request for a retrospective computerized range of motion of the cervical spine and upper extremities (07/07/2014), noting the non-recommendation by the ODG guidelines and the recommended use of the inclinometer device to obtain an accurate and reproducible range of motion measurement. The ODG Guidelines were cited. On 08/26/2014, the injured worker submitted an application for IMR for review of computerized range of motion of the cervical spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion of the C/S 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, Computerized range of motion (ROM); Neck and Upper Back (Acute & Chronic); Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines recommend that range of motion testing of the cervical spine should be performed via conventional observation means, but are of limited value owing to marked variation in individuals with and without symptoms. There has not been any benefit demonstration for computerized range of motion testing of the upper extremities. The value of computerized range of motion as opposed to manual testing has not been established. In addition, there is no documentation of an exhaustion of conservative treatment in this patient. Based on the clinical information received, computerized range of motion of the cervical spine and upper extremities is not medically appropriate and necessary.