

Case Number:	CM14-0186638		
Date Assigned:	12/19/2014	Date of Injury:	12/16/2013
Decision Date:	05/01/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 38 year old female who sustained an industrial injury on 12/16/13. Initial complaints and diagnoses are not available. Treatments to date include acupuncture. Diagnostic studies include MRIs of the lumbar and cervical spine. Current complaints include low back, left shoulder and right knee pain. In a progress note dated 08/26/14 the treating provider reports the plan of care as computerized range of motion and muscle testing, and medications to include menthoderm, Naproxen, and Prilosec. The requested treatment is computerized range of motion testing for the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion/muscle testing of right lower extremity: 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) Low Back; Neck & Upper Back, Computerized range of motion (ROM)/Flexibility.

Decision rationale: MTUS does not address this issue. ODG identifies that computerized range of motion (ROM)/flexibility is not recommended as a primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Therefore, based on guidelines and a review of the evidence, the request for computerized range of motion/muscle testing of right lower extremity is not medically necessary.