MAXIMUS Federal Services

Case Number:	CM14-0192593		
Date Assigned:	11/26/2014	Date of Injury:	08/05/2011
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of August 12, 2011. In a Utilization Review Report dated November 3, 2014, the claims administrator approved a functional improvement measure through a functional capacity evaluation, approved a psychosocial factor screening, and partially approved a request for follow-up visit with range of motion measurements as a follow-visit alone. A variety of non-MTUS Guidelines were invoked, non-MTUS ODG Guidelines on range of motion measurements and non-MTUS Chapter 7 ACOEM Guidelines. The claims administrator stated that its decision was based on an August 4, 2014 medical-legal evaluation. The applicant's attorney subsequently appealed. In an October 15, 2014 office visit, the applicant reported multifocal complaints of knee and low back pain. Topical compounded medications and Motrin were prescribed. A functional capacity evaluation/functional improvement measurement, a psychosocial factor screen, and range of motion measurements were apparently endorsed while the applicant was placed off of work, on total temporary disability through December 15, 2014. In an RFA form dated October 15, 2014, the attending provider did request a follow-up visit with associated range of motion measurements. The applicant's primary pain generators on this date were the knee and low back, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTIONS MEASUREMENT AND ADDRESSING ADLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 334; 293.

Decision rationale: The applicant's primary pain generators are the low back and knee. However, the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293 take the position that range of motion measurements of the low back are of "limited value" owing to the marked variation in range of motion amongst the applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 13, page 334 further notes that range of motion measurements can be determined through observation and/or in the spine position. By implication, then, ACOEM does not support formal/computerized range of motion measurements of the knee, as are seemingly being sought here. Therefore, the request is not medically necessary.