

Case Number:	CM14-0211377		
Date Assigned:	12/24/2014	Date of Injury:	04/11/2013
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 68 yo male who sustained an industrial injury on 04/11/2013. The mechanism of injury was not provided for review. His diagnoses included degenerative arthritis of the lumbar spine and contusion of the left hip. He continues to complain of low back pain. On physical exam he has an antalgic gait and has decreased range of lumbar motion with paravertebral muscle spasms. Examination of the left hip reveals internal rotation 20 degrees and external rotation 10 degrees. Treatment has included medical therapy and physical therapy. The treating provider has requested range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Flexibility

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, Flexibility..

Decision rationale: The reviewed ODG do not recommend range of motion as the primary criteria. Physical therapy notes were not provided for review. Range of motion should be part of a routine musculoskeletal evaluation. There is no indication for outside evaluations to determine the range of motion of the involved areas of injury: lumbar spine and left hip. Medical necessity for the requested range of motion has not been established. The request is not medically necessary.