MAXIMUS Federal Services

Case Number:	CM15-0102582		
Date Assigned:	07/17/2015	Date of Injury:	11/20/2013
Decision Date:	08/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old male sustained an industrial injury on 11/20/13. He subsequently reported low back and bilateral shoulder pain. Diagnoses include bilateral shoulder strain and lumbosacral strain with left radiculitis. Treatments to date include MRI testing, chiropractic care and prescription medications. The injured worker continues to experience intermittent lumbosacral pain that radiates to the left lower extremity as well as bilateral shoulder, left arm, right foot and left leg pain. Upon examination, tenderness was noted in the left shoulder AC joint and bilateral superior deltoid. Guarding was noted in the left arm. Hawkin's and Neer's were positive bilaterally. A request for Retro: Computerized range of motion and muscle test (bilateral upper extremities/shoulders, trunk, lumbar) (DOS: 04/24/15) and Computerized range of motion and muscle test (bilateral upper extremities/shoulders, trunk, lumbar) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Computerized range of motion and muscle test (bilateral upper extremities/shoulders, trunk, lumbar) (DOS: 04/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Forearm, Wrist, & Hand Procedure Summary Online Version last updated 03/09/2015Official Disability Guidelines-Treatment in Workers' Compensation Neck & Upper Back Procedure Summary Online Version last updated 11/18/2014Official Disability Guidelines-Treatment in Workers' Compensation Low Back Procedure Summary Online Version last updated 04/29/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computerized range of motion (ROM) http://www.odg-twc.com.

Decision rationale: According to ODG guidelines, Computerized range of motion (ROM) "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three-dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001) See also Stretching" As mentioned above, range of motion should be a part of a routine physical examination in this case. Therefore, the retrospective request for computerized range of motion and muscle test (bilateral upper extremities/shoulders, trunk, lumbar) (DOS: 04/24/15) is not medically necessary.

Computerized range of motion and muscle test (bilateral upper extremities/shoulders, trunk, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Forearm, Wrist, & Hand Procedure Summary Online Version last updated 03/09/2015Official Disability Guidelines-Treatment in Workers' Compensation Neck & Upper Back Procedure Summary Online Version last updated 11/18/2014Official Disability Guidelines-Treatment in Workers' Compensation Low Back Procedure Summary Online Version last updated 04/29/2015.

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