

Case Number:	CM15-0103662		
Date Assigned:	06/11/2015	Date of Injury:	11/27/2014
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 33 year old male who reported an industrial injury on 11/27/2014. His diagnoses, and/or impressions, are noted to include: headaches; bilateral eye complaints of blurred vision; cervical spine, lumbar spine, and left shoulder musculoligamentous sprain/strain; lumbar spine myospasm; and lumbago. Recent magnetic imaging studies of the cervical and lumbar spine are stated to be done on 3/13/2015. His treatments have included consultations; consultations; diagnostic studies; medication management with toxicology screenings; and modified work duties. The progress notes of 3/25/2015 noted a re-evaluation for complaints of intermittent, moderate upper back pain, and tension, that radiated to the left shoulder, was aggravated by activity, and relieved by pain medications; intermittent, moderate pain to the low back, with a pulsating sensation, increased by activities and decreased with pain medications; frequent headaches to the top and front of the head, associated with blurry vision, aggravated by exposure to light, and relieved by medication; and of blurry vision with excessive tearing that may be contributing to the headaches. Objective findings were noted to include no acute distress; normal affect; normal findings in the head/ears/eyes/nose/throat assessments; tenderness with spasms of the cervical para-spinals and upper trapezius muscles bilaterally; and hypo- lordosis with tenderness and spasms of the bilateral para-spinals and quadratus lumborum muscles of the lumbar spine. The physician's requests for treatments were noted to include computerized range-of-motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31-37, Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion.

Decision rationale: The MTUS states, "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees." In the ACOEM physical examination portion it states Muscle testing and range of motion testing (ROM) are integral parts of a physical examination. This can be done either manually, or with computers or other testing devices. It is the treating physician's prerogative to perform a physical examination with or without muscle testing and ROM devices. However, in order to bill for this sort of test as a stand-alone diagnostic procedure, there must be medical necessity above and beyond the usual requirements of a medical examination, and the results must significantly impact the treatment plan. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. While the ACOEM Guidelines do not comment specifically on this issue, other than to recommend a thorough history and physical examination, for which no computerized devices are recommended for measuring ROM or muscle testing. The treating physician did not provide specific rationale for ROM measurement. As such, the request for Computerized Range of Motion testing is not medically necessary.