MAXIMUS Federal Services

Case Number:	CM15-0135073		
Date Assigned:	07/23/2015	Date of Injury:	10/01/2009
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 42-year-old female, who sustained an industrial injury on October 1, 2009. Treatment to date has included chiropractic therapy, home exercise program, medications, and diagnostic imaging. Currently, the injured worker complains of frequent severe lumbar spine pain and constant right knee pain. On physical examination the injured worker has decreased and painful range of motion of the lumbar spine. She exhibits and antalgic gait. The diagnoses associated with the request include right knee pain with mechanical symptoms, right shoulder sprain-strain, obesity, lumbosacral sprain-strain, anxiety and depression. The treatment plan includes continuation of home exercise program, continued Percocet and Menthoderm, and range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), 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 section, Range of motion testing.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion testing is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are right knee pain mechanical symptoms; right shoulder sprain strain; lumbar spine sprain strain; obesity; and anxiety/depression. The date of injury is October 1, 2009. The request for authorization is dated April 21, 2015. According to a progress note dated April 21, 2015, there is no clinical indication or rationale for range of motion testing documented in the record. Range of motion testing should be part of a routine musculoskeletal examination. Consequently, absent guideline recommendations for range of motion testing, range of motion testing is not medically necessary.