

Case Number:	CM15-0139705		
Date Assigned:	07/29/2015	Date of Injury:	08/31/2012
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 08-31-2012 secondary to a motor vehicle accident resulting in neck, right shoulder, and lower back injury. On provider visit dated 02-16-2015 the injured worker has reported neck pain, right shoulder pain, and lower back pain. On examination of the cervical spine revealed a decreased range of motion and tenderness to palpation was noted in trapezii. Right shoulder was noted to have decreased range of motion, with mild atrophy noted and a palpable defect was noted in the acromioclavicular joint. Right trochanter and anterior groin was noted to have tenderness. Lumbar spine, bilateral hips and knees were noted to have a decreased range of motion. The diagnoses have included degenerative disc disease and arthritis of the right hip and to a lesser degree left hip. Treatment to date has included medication. The provider requested 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-308.

Decision rationale: The California MTUS does not specifically address this request. The ACOEM does not address flexibility and strength testing specifically in the knee chapter. However, the low back chapter states flexibility testing should be simply part of the routine physical exam. There is no indication why this would not be included in the routine physical examination of the patient and why any specialized range of motion and, muscle strength testing would be necessary beyond the physical exam. Therefore, the request is not medically necessary.