

Case Number:	CM15-0147306		
Date Assigned:	08/10/2015	Date of Injury:	02/24/2015
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented a 38-year-old who has filed a claim for low back, calf, foot, and chest wall pain reportedly associated with an industrial injury of February 24, 2015. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for range of motion testing. RFA forms and progress notes of June 10, 2015, June 9, 2015 and May 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported multifocal complaints of neck, mid back, low back, chest wall, leg pain, and foot pain. The applicant was placed off work, on total temporary disability, while acupuncture, myofascial release therapy, infrared therapy, a 3-dimensional cervical MRI, interferential stimulator unit, lumbar support, and electrodiagnostic testing of bilateral upper extremities were endorsed. Computerized range of motion testing of the cervical, thoracic, and lumbar spine were apparently performed on this date. In a May 19, 2015 RFA form, the attending provider sought authorization for follow-up visits, which would include range of motion measurements for the purposes of addressing activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (range of motion) /ADL (activities of daily living) 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: Low Back - Range of Motion (ROM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170; 293.

Decision rationale: No, the request for range of motion testing/activities of daily living testing was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators present here were the cervical, thoracic, and lumbar spines; it was suggested on May 19, 2015. The request in question, thus, represented a request for computerized range of motion testing of the cervical, thoracic, and lumbar spines. However, the MTUS Guideline in ACOEM Chapter 8, page 170 notes that range of motion measurements of the neck and upper back are of "limited value" owing to marked variation between applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 293 likewise notes that range of motion measurements of the low back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Therefore, the request was not medically necessary.