

Case Number:	CM15-0148704		
Date Assigned:	08/12/2015	Date of Injury:	01/15/2013
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, California
 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 53 year old female who sustained an industrial injury on 01-15-13. Initial complaints and diagnoses are no available. Treatments to date include medications, therapies, and lumbar fusion. Diagnostic studies include MIRs of the right knee and lumbar spine. Current complaints include pain in the lumbar spine and bilateral knees. Current diagnoses include aftercare of spinal surgery, lumbar spondylosis with myelopathy, and sciatica. In a progress note dated 05-21-15 the treating provider reports the plan of care as medications including Lidocaine-gabapentin-ketoprofen, Flurbiprofen-cyclobenzaprine-baclofen-lidocaine, and naproxen, as well as a 3D MRI of the lumbar spine. The requested treatments include range of motion measurements and address activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with range of motion measurements and addressing ADL's: 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), Computerized ROM testing, Computerized muscle testing.

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 chapter and pg 41.

Decision rationale: According to the guidelines, range of motions testing is not recommended but should be part of a routine exam. In this case, there is no indication that range of motion cannot be assessed during routine exam. As a result, the claimant was also previously undergoing therapy where range of motion can be assessed. The request for range of motion testing is not medically necessary.