MAXIMUS Federal Services

Case Number:	CM15-0164134		
Date Assigned:	09/01/2015	Date of Injury:	03/17/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: Georgia, California, Texas
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 injured worker (IW) is a 48-year-old female who sustained an industrial injury on 03-17-2014. She reported a fall with resultant contusions of the chest wall, multiple sites of the trunk, abrasion or friction burn of elbow, forearm and wrist, sprain of ribs, cervical spine sprain-strain, lumbar spine sprain-strain, ankle contusion, right shoulder injury, left knee injury, and injury to the left breast. The injured worker was diagnosed as having: Capsular contracture of left breast, Shoulder internal derangement, Left knee lateral meniscal tear. Right shoulder rotator cuff tear. Treatment to date has included: Left breast capsulotomy and partial capsulectomy, removal of deflated left breast implant, insertion of new saline implant (06-22-2015), exercise, psyche evaluation and treatment. She has had medications, diagnostic testing. In the provider notes of 05-20-2015, the injured worker complains of pain in the chest that is dull, aching, and rated at a 1-2 on a numeric scale of 0-10 with 10 being the worst pain. She notes the pain is improving. She complains of intermittent dull shoulder pain rated a 1-2 on a scale of 0-10 that she notes is improving. She states her shoulder has flare ups. The workers upper mid back is tender, worsens with activity and repetitive movements increase her pain. The worker complains of intermittent dull pain in the neck that she rates as a 2 on a numeric score of 0-10. She states the neck pain is improving. She experiences flare-ups of the pain. She complains of pain in the left elbow rated a 1-2 on a scale of 0-10. This elbow pain is improving. She complains of pain in the lower back that is intermittent, aching and dull. The pain is rated as a 2-3 on a scale of 0-10. This lower back pain is improving. Prolonged sitting, standing, walking or twisting aggravates the pain. She

complains of intermittent pain in the left hip, which is aching and dull and rated as a 2 on a scale of 0-10. The left hip pain is improving. She complains of intermittent pain in her bilateral left greater than right knee, which she describes as dull and aching. Her knee pain is rated as a 3 on a numeric scale of 0-10. She notes the knee pain is improving. All of the described pain ratings are without medications. She states the pain is reduced with rest and activity modification. The worker complains of waking during the night due to pain, decreased muscle mass and strength, and aggravation of her pain by repetitive activities or after lifting objects weighing over 10 pounds. On examination, the worker has nonspecific tenderness in both shoulders, both elbows, and both wrists. There are no limitations of range of motion. In the spine, palpation of the cervical spine from C4 through C7 reveals mild paraspinal tenderness. Cervical spine extension is slightly diminished as is the left rotation and bilateral lateral tilt. Motion is limited by pain. In the lumbar spine, there is diminished range of motion in all planes. All lumbar spine motions are limited by pain and spasm. There is mild paraspinal tenderness and spasm bilaterally at levels L2 through S1. The thigh and hip has diminished flexion on the right. The knees have nonspecific tenderness at the right knee. Palpation indicates mild tenderness at the medial peripatellar on the right. Ankles reveal nonspecific tenderness at the right ankle and foot. The treatment plan includes urine drug testing to monitor prescription drug treatment, psychiatric evaluation, and follow up evaluation, and range of motion exercise. A request for authorization was submitted for: Retrospective: Range of Motion Lumbar Spine, Bilateral Knees and Right Ankle and/or Foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Range of Motion Lumbar Spine, Bilateral Knees and Right Ankle and/or Foot: 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, Online Version, Flexibility; Knee & Leg, Online Version, Stretching and Flexibility; Ankle & Foot, Online Version, Stretching (Flexibility).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 293, 334, 365-366.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition chapters 12 (Low Back), 13 (Knee), and 14 (Ankle & Foot) recommend assessment of range of motion as an integral part of the physical examination. Chapter 12 notes: "However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value." Multiple sets of range of motion measurements are documented in the submitted office notes. Range of motion would be considered a normal part of the evaluation and management office visit, and no rationale is documented which would support the medical necessity for range of motion measurements of the lumbar spine, knees and ankle/foot as a separate service. Medical necessity is not established for the requested range of motion measurements.