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| Case Number: | CM15-0167934 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 10/30/2014 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/23/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 10/29/14. The injured worker has complaints of left knee pain. Lumbar spine examination revealed +2-3 tenderness to palpation about the bilateral lumbar paraspinals and range of motion testing is deferred secondary to pain. The diagnoses have included cervical spine musculoligamentous sprain and strain; cervicgia; lumbago and lumbar spine musculoligamentous sprain and strain. Treatment to date has included knee brace; crutches; left knee surgery on 3/6/15; Norco and Percocet. The request was for 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 Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Functional Improvement Measures.

Decision rationale: The patient presents with head, upper back, mid back, low back, ribs and left knee pain. The current request is for Range of Motion testing. The treating physician's report dated 06/02/2015 (51B) does not discuss the rationale behind the request. In this same report, the physician notes that the patient is ambulating with an antalgic gait with a single-point cane. Sensation was intact to light touch in the bilateral lower extremities. Range of motion testing deferred secondary to pain. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Low Back Chapter on Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In this case, ODG does recommend ROM testing as part of follow-up visits and routine examination; however, it is not recommended as a separate billable service. The current request is not medically necessary.