

<b>Case Number:</b>	CM15-0169203		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 22-year-old female worker who was injured on 11-03-2013 when a ladder fell on her. The medical records reviewed indicated the injured worker (IW) was treated for brachial neuritis or radiculitis, not otherwise specified; neuralgia, neuritis and radiculitis, unspecified; sprains and strains of the neck; sprains and strains of the lumbar region; and thoracic strain. The progress notes dated 7-29-2015 and 6-25-2015 indicated the IW had neck pain and low back pain with radiation to the lower extremities. On examination, there was constant sharp low back pain, intermittent dull neck pain and tenderness and spasms in the upper trapezius, over C3 to C7 and in the cervical paraspinal muscles. Range of motion (ROM) was decreased and painful in the neck and low back, rated 4 out of 10. Cervical ROM (in degrees) on 7-10-2015 was: flexion 30, extension 45, left lateral bending 35, right lateral bending 40, left rotation 70 and right rotation 70. Lumbar ROM (in degrees) on that date was: flexion 40, extension 15, left lateral bending 20 and right lateral bending 10. Medications helped control spasms and improved range of motion and daily activities. The Activities of Daily Living (ADL) Analysis and Report dated 7-10-2015 showed the IW had difficulty in seven out of eight categories, with an average rating of 0.875. The scores ranged from 0 to 3: 0 is no difficulty, 1 is some difficulty, 2 is with difficulty and 3 is unable to do. Treatments documented included acupuncture, physiotherapy and chiropractic care, but her symptoms continued. A Request for Authorization dated 7-10-2015 asked for range of motion (CPT code 95851). The Utilization Review on 7-31-2015 denied the request for range of motion (95851) because ROM is part of the comprehensive physical exam and no separate reimbursement is required.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion.

**Decision rationale:** The MTUS states, "physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". In the ACOEM physical examination portion it states Muscle testing and range of motion testing (ROM) are integral parts of a physical examination. This can be done either manually, or with computers or other testing devices. It is the treating physician's prerogative to perform a physical examination with or without muscle testing and ROM devices. However, in order to bill for this sort of test as a stand-alone diagnostic procedure, there must be medical necessity above and beyond the usual requirements of a medical examination, and the results must significantly impact the treatment plan. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. While the ACOEM Guidelines do not comment specifically on this issue, other than to recommend a thorough history and physical examination, for which no computerized devices are recommended for measuring ROM or muscle testing. The treating physician did not provide specific rationale for this request. As such, the request for Range of motion is not medically necessary.