

Case Number:	CM15-0199415		
Date Assigned:	10/14/2015	Date of Injury:	05/08/2014
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 34 year old male, who sustained an industrial injury on 5-8-14. He reported low back and left ankle pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain or strain, and left ankle sprain or strain. Treatment to date has included shockwave therapy and acupuncture. On 8-18-15 physical examination findings included decreased and painful lumbar and left ankle ranges of motion. On 8-18-15, the injured worker complained of low back pain with radiation to the legs with numbness rated as 5 of 10. On 8-18-15 the treating physician requested authorization for range of motion testing. On 9-10-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, low back chapter, Range of Motion.

Decision rationale: The patient presents with pain affecting the low back and left ankle. The current request is for Range of motion testing qty: 1.00. The requesting treating physician report dated 8/18/15 (189B) provides no rationale for the current request. The MTUS Guidelines do not address ROM testing. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. The current request is not medically necessary.