

Case Number:	CM15-0201120		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female, who sustained an industrial injury on 10-27-2014. The injured worker is undergoing treatment for cervical, thoracic and lumbar disc protrusion and myospasm, cervical and lumbar radiculopathy, cervical, thoracic, lumbar and right shoulder strain-sprain, lumbar degenerative disc disease (DDD), right shoulder impingement syndrome and right shoulder tenosynovitis. Medical records dated 9-14-2015 indicate the injured worker complains of neck, shoulder and back pain described as heaviness, tingling, cramping, tingling and numbness with weakness. She reports relief from medication, physical therapy and acupuncture. Physical exam dated 9-14-2015 notes cervical, thoracic, lumbar and right shoulder tenderness to palpation with painful decreased range of motion (ROM) and spasm, cervical compression test is positive, shoulder depression is positive, lumbar Kemp's is positive, straight leg raise is positive, Lasegue's causes pain and supraspinatus press is positive. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication, lab work, electromyogram, nerve conduction velocity (NCV), physical therapy and acupuncture. The original utilization review dated 9-23-2015 indicates the request for range of motion (ROM) testing is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM Testing: 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).

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.

Decision rationale: The CA MTUS ACOEM is silent on the issue of range of motion testing. According to the ODG, low back section, range of motion testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. In this case the injured worker is being treated for back pain. According to the guidelines, range of motion testing should be a part of the routine musculoskeletal exam and therefore be able to be performed by any provider. A consultation for range of motion measurements is not warranted as the measurements have not been shown to correlate with functional ability. Therefore the request is not supported by the guidelines and is not medically necessary.