

Case Number:	CM15-0202064		
Date Assigned:	10/16/2015	Date of Injury:	12/07/2010
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 47 year old male, who sustained an industrial injury on 12-7-10. The injured worker is being treated for right knee internal derangement, altered gait with compensation, right knee pain and status post lumbar spine laminectomy and discectomy. On 8-18-15, 9-1-15 and 9-15-15, the injured worker complains of constant low back pain rated 6 out of 10 with radiation to right hip and numbness in big toe and constant right knee pain rated 5 out of 10. Physical exam performed on 8-18-15, 9-1-15 and 9-15-15 revealed continued painful range of motion with decreased sensation to lower extremities. (MRI) magnetic resonance imaging of lumbar spine performed on 7-16-15 revealed significant discogenic changes at L4-5 and L5-S1 levels with midline disc herniation with central canal stenosis, marked foraminal stenosis from L3-S1 and marked facet arthropathy at L5-S1 and L4-5. Treatment to date has included physical therapy, core strengthening exercise, acupuncture, and chiropractic manipulation, oral medications including Naproxen and Hydrocodone and injections. The treatment plan included activity of daily living and range of motion testing. On 9-15-15 request for range of motion testing was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion (ROM) testing follow up: 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

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 section, Range of motion (ROM) testing.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion testing (with follow up once authorized) is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are L3 - S1 disc herniations with bilateral foraminal stenosis toward the right hand side; advanced disk deterioration L4 - S1; significant facet arthropathy L4 through S1; and annular tear at L5 - S1. The date of injury is December 7, 2010. Request for authorization is September 1, 2015. According to a September 1, 2015 progress note, the injured worker has severe mechanical axial back pain and right leg radiculopathy with pain, weakness and numbness. The injured worker has difficulty ambulating distances. Prior surgeries include a decompression at L4 - L5 and possibly L5 - S1. Objectively, the injured worker ambulates with a slight limp toward the right leg. The overall strength examination has a pain related effort and weakness. There is no clinical discussion, indication or rationale for range of motion testing. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for range of motion testing and no clinical documentation with a clinical discussion, indication or rationale for range of motion testing, range of motion testing (with follow up once authorized) is not medically necessary.