

Case Number:	CM15-0203544		
Date Assigned:	10/20/2015	Date of Injury:	01/23/2015
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 44-year-old female, who sustained an industrial injury on January 23, 2015. She reported pain in her lower back and neck area. The injured worker was currently diagnosed as having lumbar radiculopathy and lumbar sprain and strain. Treatment to date has included medication, physical therapy and injection. On August 24, 2015, the injured worker complained of low back pain. The pain was described as constant, severe, dull, sharp, stabbing, throbbing, burning, stiffness, heaviness, numbness, tingling, weakness and cramping. Physical examination revealed tenderness to palpation of the coccyx, L3-L5 spinous processes, left sacroiliac joint and right sacroiliac joint. Straight leg raise test was positive bilaterally and Kemp's was positive. The ranges of motion were noted to be decreased and painful. The treatment plan included a diagnostic studies, acupuncture and physical therapy. A request was made for range of motion test. On September 16, 2015, utilization review denied a request for range of motion test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Test: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Range of Motion (ROM).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The California MTUS does not specifically address this request. The ACOEM does not address flexibility and strength testing specifically in the shoulder, forearm or wrist chapter. However, the low back chapter states flexibility testing should be simply part of the routine physical exam. The ODG states that range of motion testing should be part of the routine physical exam of the patient. There is no indication why this would not be included in the routine physical examination of the right upper extremity and why any specialized range of motion and, muscle strength testing would be necessary beyond the physical exam. Therefore, the request is not medically necessary.