

Case Number:	CM15-0207987		
Date Assigned:	10/26/2015	Date of Injury:	11/21/2014
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 11-21-14. The injured worker was being treated for cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, post-concussion syndrome and right ankle sprain-strain. On 8-24-15, the injured worker complains of constant severe pain in cervical spine described as soreness, constant moderate pain in lumbar spine described as aching and throbbing, constant severe headache described as sharp and throbbing, constant moderate pain in thoracic spine described as sharp and constant severe pain in right ankle and foot described as sharp and stabbing. Work status is noted to be temporarily totally disabled. Physical exam performed on 8-24-15 revealed spasm and tenderness to bilateral cervical bilateral paraspinal muscles from C2-7, bilateral suboccipital muscles and bilateral upper shoulder muscles, decreased left triceps reflex, positive shoulder depression bilaterally; thoracic spasms and tenderness to bilateral paraspinal muscles from T8 to T12; lumbar spasm and tenderness to bilateral lumbar paraspinal muscles from L1-S1 with decreased left patellar reflex and minimal swelling of right ankle with spasm and tenderness to right anterior heel and anterior mortise joint with Varus test positive on right. Treatment to date has included acupuncture sessions and activity modifications. On 8-24-15 request for authorization was submitted for follow up visit with range of motion measurement and addressing activities of daily living. On 9-24-15 request for range of motion measurement 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 measurement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: A range of motion assessment is a part of any competent complete office follow-up physical examination. There is no indication for a separate procedure to assess range of motion. Therefore, this is not clinically indicated. The request for a range of motion assessment is not medically necessary.