

Case Number:	CM15-0208513		
Date Assigned:	10/27/2015	Date of Injury:	05/27/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old male, who sustained an industrial injury on May 27, 2014. The injured worker was diagnosed as having lumbar spine radiculopathy, left shoulder tendinitis, and cervical disc desiccation. Treatment and diagnostic studies to date has included acupuncture with an unknown quantity, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, medication regimen, at least 8 sessions of chiropractic therapy, laboratory studies, and exercises. In a progress note dated September 10, 2015 the treating physician reports complaints of pain to the neck, low back, and the left shoulder. Examination performed on September 10, 2015 was revealing for decreased range of motion to the cervical and lumbar spine along with spasm and tenderness to the lumbar region. The medical records provided noted at least 8 sessions of chiropractic therapy performed and acupuncture with an unknown quantity performed, but the medical records did not indicate if the injured worker experienced any functional improvement with activities of daily living, range of motion, or pain level with prior acupuncture or chiropractic therapy. On September 10, 2015 the treating physician requested range of motion, but did not indicate the specific reason for the requested treatment. On September 25, 2015 the Utilization Review determined the request for range of motion to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: 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. Range of motion. Flexibility.

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, Range of Motion.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. No specific reason for the range of motion testing is noted in the records. The ODG notes such testing is part of a routine clinical musculoskeletal examination done by providers during routine office visits. It is not clear why therefore it would need to be requested as a special service. The ODG notes: Not recommended as 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) 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. (Andersson, 2000) Therefore, the requests are not medically necessary.