

Case Number:	CM15-0210495		
Date Assigned:	10/29/2015	Date of Injury:	03/27/2015
Decision Date:	12/15/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/26/2015

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

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 36 year old female, who sustained an industrial-work injury on 3-27-15. She reported initial complaints of back, left wrist, left hand and fingers pain. The injured worker was diagnosed as having cervical, thoracic, lumbar sprain-strain, lumbar radiculitis, left wrist cystic mass, clinical carpal tunnel syndrome, clinical de Quervain's tenosynovitis, bilateral wrist sprain-strain, and right ankle sprain-strain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of constant low back pain that was rated 7 out of 10. The pain radiated to the bilateral legs with numbness, tingling, and sharp sensation. The pain decreased with medications. There was also bilateral wrist pain rated 6 out of 10 and radiates to the right arm, hand, and fingers. There was right ankle pain rated 5 out of 10 with numbness, tingling, weakness, and swelling sensation. Current meds include Ibuprofen, Orphenadrine, and Nabumetone. Per the primary physician's progress report (PR-2) on 8-19-15, exam notes cervical spine having decreased range of motion, negative orthopedic tests, hypoesthesia of the left second through fourth digits, and 3+ out of 5 muscle strength. The thoracic spine has tenderness with palpation with spasms of the lumbar paraspinals and thoracic paraspinals and tenderness with spasms of the quadratus lumborum muscles bilaterally and decreased range of motion. There is hypoesthesia of the right lateral calf and strength 3+ out of 5. Upper extremity exam noted decreased left range of motion, ulnar-radial deviation, decreased strength of 2+ out of 5 in the left and 3+ in the right. The right ankle and foot had decreased range of motion, 3+ out of 5 strength, and normal pulses and capillary refill. The Request for Authorization requested service to include Range of Motion and Muscle Testing of Lumbar. The

Utilization Review on 9-21-15 denied the request for Range of Motion and Muscle Testing of Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle Testing of Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: As per MTUS ACOEM guidelines, range of motion and motor testing is part of a standard physical exam. There is no necessity for any special testing to determine range of motion. Any additional tools or techniques used by the provider is entirely based on the provider's preference and is not a medical based decision. There is no justification provided to claim this as a separate procedure or test. "Range of motion and muscle" testing of lumbar is not medically necessary.