

Case Number:	CM15-0221702		
Date Assigned:	11/17/2015	Date of Injury:	06/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/11/2015

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, California

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:

This is a 57 year old male patient, who sustained an industrial injury on 06-28-2010. The diagnoses include high blood pressure, transient ischemic attacks, gastritis, cervical spine pain, lumbar disc protrusion, lumbar spine pain, lumbar stenosis, bilateral shoulder pain, bilateral wrist pain, right trigger finger, insomnia, depression and anxiety. Per the doctor's note dated 10/19/15, he had complaints of neck pain, right shoulder pain, low back pain and bilateral wrist pain. Physical exam dated 10/19/15, revealed tenderness to palpation and painful and decreased right shoulder range of motion. The physical exam, dated 09-21-2015, revealed limited lumbar range of motion (ROM), and tenderness to palpation with spasms. Per the doctor's note dated 04-14-2015, he had ongoing neck pain, stiffness and weakness radiating to the right shoulder, difficulty swallowing, right shoulder pain radiating to the right arm, and low back pain radiating to the left gluteal, bilateral wrist pain, right ring finger pain left middle finger pain, difficulty sleeping, anxiety and depression. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Per the treating physician's progress report (PR), the patient has not returned to work. The medications list includes Xanax, gabapentin, Norco, Flexeril and Celebrex. Relevant treatments have included: neck surgery, right shoulder surgery, bilateral wrist surgeries, physical therapy (PT), work restrictions, and medications. A functional capacity evaluation was completed on 08-14-2015 which included a ROM exam and testing. The request for authorization (09-21-2015) shows that the following service was requested: range of Motion (ROM) testing (x1). The original utilization review (10-30-2015) non-certified the request for ROM testing (x1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter-computerized range of motion (ROM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15) Range of motion (ROM) Flexibility.

Decision rationale: Range of motion testing times 1ACOEM and CA MTUS do not address this request. Per the ODG guidelines range of motion testing/flexibility "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent." The cited guidelines do not recommend computerized range of motion testing as a primary criteria. The patient had a functional capacity evaluation on 08-14-2015 which included a ROM exam and testing. The rationale for additional computerized range of motion testing is not specified in the records provided. The Range of motion testing times 1 is not medically necessary for this patient.