

Case Number:	CM15-0057313		
Date Assigned:	04/02/2015	Date of Injury:	11/26/2014
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 11/26/2014. He reported a lifting injury resulting in acute low back pain that radiated up to the neck associated with numbness and tingling of upper and lower extremities. Diagnoses include lumbar disc displacement with myelopathy, cervical disc herniation, thoracic disc displacement, partial rotator cuff tear, carpal sprain and ankle strain. Treatments to date include medication therapy and physical therapy. Currently, they complained of neck pain with radiation to bilateral arms and into the top of the head, mid back pain, low back pain, and pain in bilateral shoulder, bilateral wrists and hands, hips and knees. On 2/11/15, the physical examination documented significant tenderness and muscle spasms throughout the spine cervical through lumbar with decreased range of motion. Kemp's test and straight leg raise tests were both positive bilaterally. The plan of care included acupuncture, medication therapy, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement and addressing ADL's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computerized range of motion, flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Range of motion measurement and addressing ADL's is not medically necessary and appropriate.