

Case Number:	CM15-0057512		
Date Assigned:	04/02/2015	Date of Injury:	12/03/2014
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44-year-old, male who sustained a work related injury on 12/3/14. The diagnosis has included left distal biceps tendon acute rupture. Treatments have included x-rays and medication. In the Orthopedic Initial Consultation note dated 12/5/14, the injured worker complains of left arm pain. He has ecchymoses and bruising in the left antecubital fossa region. He has sight tenderness to the biceps tendon. The treatment plan is a determined range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurements and report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Range of Motion - Flexibility.

Decision rationale: Endurance deficits: Include objective measures of clinical exam findings. ROM should be in documented in degrees. The injured worker has knee and low back pain. The documentation provided shows a quantifiable range of motion test was done on exam was performed on 2/7/2014. In the ACOEM states, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected. ODG states regarding Range of Motion, Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." In this instance, a 'Focused regional examination' per ACOEM is warranted. A range of motion test would be considered a routine physical exam component and not considered a special 'stand alone' test unless indicated specifically. The medical records do not indicate the reason for a range of motion test to be 'stand alone' and not performed in conjunction with a comprehensive physical exam. Additionally, it appears this patient has a pending orthopedic evaluation. As such, the request for Range of motion measurements and reports is not medically necessary.