MAXIMUS Federal Services

Case Number:	CM15-0062308		
Date Assigned:	04/08/2015	Date of Injury:	07/20/2012
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 year old female, who sustained an industrial injury on 07/20/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having labral tear of the right hip and status post arthroscopy of the right hip. Treatment to date has included medication regimen, sacroiliac lock belt, home exercise program, physical therapy, status post right hip arthroscopy, and chiropractic therapy. In a progress note dated 02/18/2015 the treating physician reports complaints of frequent right hip pain that radiates to the right groin, thigh, and buttock, complaints of constant right knee pain with locking and tightness, and constant lumbar spine pain with tightness and pressure. The pain is rated a five out of ten. The treating physician requested physical therapy, but the documentation provided did not indicate the specific reason for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion test for lumbar spine, right hip, and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Chp 1 pg 7; Chp 2 pg 27, 33; Chp 12 pg 288, 289-90, 293, 299; Chp 13 pg 334, 337-8, 340.

Decision rationale: The MTUS guidance for directing Range of Motion Testing relates to general principles of patient care. This testing is a part of the physical exam taught to all providers during their training. In fact, it is probably the standard of care in most medical communities. This is especially important in managing the patient who has a musculoskeletal injury or condition, who is post-surgical or who has delayed recovery from a musculoskeletal injury or surgery. It documents the patient's current state of musculoskeletal function. Range of motion exams are also documented during a pre-employment screening exam or a back-to-work evaluation as this exam may identify specific limited motion of a joint or limb, which would preclude completion of physical tasks required at work. This patient has been provided care since his injury in 2012. There are multiple provider exams, which document the patient's range of motion. There is no documentation that the provider requires a range of motion test to identify limitations to specific physical activities at work. Medical necessity for this request has not been established.