

Case Number:	CM14-0143387		
Date Assigned:	09/10/2014	Date of Injury:	09/11/2009
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 09/11/2009. The mechanism of injury was a fall. The injured worker's prior medications included Lyrica 50 mg, Ultram 50 mg, tizanidine 4 mg, Norco 10/325 mg, gabapentin 300 mg capsules, Anusol 25 mg suppositories, lidocaine 5% ointment, Butrans 20 mcg/hour patch, Percocet 5/325 mg, clonazepam, Effexor, Motrin, trazodone, and Wellbutrin. Prior treatments included physical therapy, a cervical epidural steroid injection, and medications. The prior diagnostic studies included MRIs and an EMG/NCV. The surgical history included a C5-6 and C6-7 discectomy and fusion on 04/20/2014. The documentation of 07/18/2014 revealed that the injured worker had difficulty swallowing postoperatively. The injured worker indicated that she was to have physical therapy postoperatively. There was no objective physical examination performed. The diagnoses included status post fall with trauma to forehead, no loss of consciousness; post-traumatic head syndrome; headaches; lightheadedness and mood changes; chronic cervical spine pain with an exacerbation; bilateral shoulder pain; chronic bilateral elbow strain with medical epicondylitis; exacerbation of bilateral wrist pain; depressive disorder not otherwise specified; mild and generalized anxiety disorder. The treatment plan included a followup consultation and a request for an ENT consultation to evaluate postoperative dysphasia. Additionally, a request was made for computerized range of motion and muscle testing. There was no Request for Authorization submitted for the manual muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion testing, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility

Decision rationale: The Official Disability Guidelines indicate that flexibility is not recommended as a primary criteria; however, it should be part of a routine musculoskeletal evaluation. They do not recommend computerized measures of the lumbar spine range of motion which can be done with an inclinometer. There was a lack of documentation indicating a necessity for computerized range of motion testing. Additionally, the request as submitted failed to indicate the body part to be tested. Given the above, the request for a Computerized Range of Motion Testing quantity 1 is not medically necessary.