

Case Number:	CM14-0114518		
Date Assigned:	08/04/2014	Date of Injury:	03/01/2013
Decision Date:	01/05/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker (IW) is a male who sustained an industrial injury to multiple body areas when he fell at work on 03/01/13. Per AME report, claimant has been receiving periodic range of motion measurements using JTECH Tracker device since 2013. He was determined to be permanent and stationary on 02/06/14. Poorly legible handwritten office notes document complaints of pain in the knees, shoulders, cervical spine, and lumbar spine. Tables of range of motion measurements dated 11/18/13, 12/24/13, 03/26/14, 05/12/14, and 07/03/14 noted multiple deficits in the neck, back, shoulders, wrists and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200; 257. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Range of motion; Other Medical Treatment Guideline or Medical Evidence: AMA Guides to the Evaluation of Permanent Impairment, 5th ed, Recording Range-of-Motion Measurements, p. 593.

Decision rationale: ACOEM Guidelines and ODG Shoulder Chapter support range of motion measurements in the initial evaluation and follow up of conditions of the shoulder, forearm, and wrist; however, these guidelines are silent concerning frequency of measurements or means of measurement. AMA Guides to the Evaluation of Permanent Impairment recommends use of goniometers or inclinometers for measuring range of motion in the extremities. The AMA Guides note that the role of other measurement devices is less clear. Claimant's symptoms are chronic and he has been determined to be permanent and stationary. A rationale which would support the performance of serial computerized range of motion measurements of the upper extremities at this point in care is not documented, and it is unclear from the submitted documentation whether previous such measurements during the past year have significantly affected the plan of care in this case. Medical necessity is not established for the requested computerized range of motion testing.