

Case Number:	CM14-0153754		
Date Assigned:	09/23/2014	Date of Injury:	06/12/2013
Decision Date:	02/18/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 34-year old male with date of injury 6/12/13. The treating physician report dated 8/12/14 (57) indicates that the patient presents with low back pain but that it is diminished in its intensity. The physical examination findings were indiscernible. Prior treatment history includes medications, chiropractic treatment and physical therapy. Lumbar MRI findings dated 5/29/14 revealed subchondral cyst formation within the inferior end plate of L2 with noted disc desiccation at L2-3 and L5-S1. ROM test using JTECK Tracker ROM (computerized measurement system utilizing dual inclinometers) occurred on 3/26/14, 5/12/14, 7/3/14 and 8/11/14. The current diagnoses are: - Cervical spine strain- Lumbar spine disc herniation- Bilateral shoulder strain- Bilateral arm strain- Bilateral leg strain- Rib cage strain cephalgia. The utilization review report dated 8/26/14 (5) denied the request for computerized range of motion of the cervical and lumbar spine and upper extremity based on ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The patient presents with low back pain but that it is diminished in its intensity. The current request is for computerized range of motion of the cervical spine. The treating report dated 7/3/14 (50) states, "Computerized Muscle Testing and Range of Motion (ROM) are medically necessary to follow the functional progress and changes throughout the period of the patients physician medicine and rehabilitation treatment. Findings from these exams determine the extent of function loss and assist in the development and modification of the treatment plan." MTUS Guidelines do not address ROM testing. ODG states it is "not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent." There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. Recommendation is for denial.

Computerized range of motion of the upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Range of Motion.

Decision rationale: The patient presents with low back pain but that it is diminished in its intensity. The current request is for computerized range of motion of the upper extremity. The treating report dated 7/3/14 (50) indicates that for both the left and right shoulders the percentage of active ROM to normal are at 96% or higher. MTUS Guidelines do not address ROM testing. ODG shoulder chapter for ROM indicates it is recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. Recommendation is for denial.

Computerized range of motion of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic)

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, Flexibility.

Decision rationale: The patient presents with low back pain but that it is diminished in its intensity. The current request is for computerized range of motion of the lumbar spine. The treating report dated 7/3/14 (50) states, "Computerized Muscle Testing and Range of Motion (ROM) are medically necessary to follow the functional progress and changes throughout the period of the patients physician medicine and rehabilitation treatment. Findings from these exams determine the extent of function loss and assist in the development and modification of the treatment plan." MTUS Guidelines do not address ROM testing. ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the lumbar spine, which can be performed using an inclinometer that is reproducible, simple, practical and inexpensive. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. Recommendation is for denial.