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| Case Number: | CM14-0210689 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 04/12/2013 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 46 year old employee with date of injury of 4/12/13. Medical records indicate the patient is undergoing treatment for cervical sprain/strain and cervical radiculopathy. Subjective complaints include neck and low back pain. The right upper extremity has severe swelling. The patient has dysphagia and constant feeling of pressure. She has muscle spasms to the lower extremities. She thinks that acupuncture made things worse, not better. Objective findings include limited cervical range of motion in all places; there is tenderness to mid-low paracervical muscles with the right greater than left trapezial muscle. There is diminished range of motion of the cervical spine with muscle guarding at flexion, extension, lateral flexion and rotation and is approximately 50% of normal. The shoulders have full range of motion. There is negative: Speed's, drop arm and impingement. Sensation is diminished in the right hand. Treatment has consisted of acupuncture, Naprosyn, Tramadol, Prilosec and Mentherm ointment. The utilization review determination was rendered on 12/3/14 recommending non-certification for Range of motion for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG 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) Neck and Upper back, Range of Motion - Flexibility.

Decision rationale: The MTUS states "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". 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 a 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. As such, the request for review of Range of motion for the neck is not medically necessary.