

<b>Case Number:</b>	CM14-0058473		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male, who sustained an industrial injury on 1/17/2014. Diagnoses include left foot crush injury, left foot laceration, cervical spine sprain/strain with myospasm and left foot sprain/strain. Treatment to date has included medications, chiropractic care, and diagnostics including magnetic resonance imaging (MRI) of the left foot (5/19/2014) which revealed a first metatarsophalangeal joint effusion and cervical spine which revealed C5-6 central disc focal protrusion that abuts the thecal sac and straightening of the normal cervical lordosis, and a functional capacity evaluation. Per the Primary Treating Initial Medical Evaluation dated 3/20/2014, the injured worker reported intermittent upper back pain rated as 6/10 with radicular symptoms to the lower back and intermittent left foot pain rated as 4/10. Physical examination of the cervical spine revealed tenderness to palpation with spasms of the right rhomboid and decreased ranges of motion. Left foot examination revealed normal ranges of motion and circulation. The plan of care included medications and chiropractic care. Authorization was requested for range of motion muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion Muscle Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lower Back - Lumbar & Thoracic (Acute & Chronic): Computerized Testing, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** ACOEM discusses recommendations for documenting a history and physical examination and subsequent specialized assessment of a work injury. A history and directed physical examination are an appropriate part of almost any work injury. Range of motion testing is part of a routine musculoskeletal physical examination and is not a distinct certifiable procedure. This request is not medically necessary.