

Case Number:	CM15-0005152		
Date Assigned:	01/16/2015	Date of Injury:	02/28/2013
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 41 year old female, who sustained an industrial injury on 2/28/2013. She has reported complaints of pain in the neck; low back; shoulder; arm; hip and knee. The diagnoses have included decreased range of motion in the lumbar spine; cervical spine; left upper extremity; and bilateral lower extremities. Treatment to date has included manipulation and acupuncture. Currently, the IW complains of low back and neck pain and restricted range of motion. The injured worker received x-rays; MRI scans; a back support and underwent physical therapy; acupuncture and chiropractic treatments. Specific dates of prior treatments were not provided within the submitted documentation. On 1/5/2015 Utilization Review non-certified a prospective request for 1 computerized range of motion of the cervical spine; lumbar spine and upper and lower extremity. The Official Disability Guideline was cited. On 1/9/2015, the injured worker submitted an application for IMR for review of prospective request for 1 computerized range of motion of the cervical spine; lumbar spine and upper and lower extremity.

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 C/S, L/S, and upper and lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & Upper Back, Flexibility Lower Back-Lumbar & thoracic, Flexibility

Decision rationale: Computerized range of motion testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. There is no medical indication for computerized range of motion testing. The request should not be authorized.