

<b>Case Number:</b>	CM15-0010718		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 35 year old male sustained a work related injury on 11/21/2013. According to a progress report dated 12/04/2014 the injured worker had no noted improvement in his conditions. He could not sit for greater than an hour and used a wheelchair for when he was to travel long distances such as from the parking spot to a restaurant. Examination of the spine revealed an antalgic gait. Range of motion of his lumbar spine was reduced. Deep tendon reflexes were symmetric in knees and ankles. Motor power was 5/5 in all muscle groups. Diagnoses included L1 transverse process fracture, L4-L5 disc herniation and congenitally small spinal canal. The injured worker was totally temporarily disabled. The provider noted that he would see the injured worker on a monthly basis pending authorization of the surgery. According to a progress noted dated 01/06/2015, surgery was denied and pending Independent Medical Review. On 01/02/2015, Utilization Review non-certified range of motion testing done during an office visit; date of service 12/17/2014. According to the Utilization Review physician, the injured worker had decreased range of motion in the lumbar spine prior to the date of service. However, this test is part of a typical physical examination which does not require specialized testing or the need for additional billing. Official Disability Guidelines referenced guidelines found in the National Library of Medicine. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion testing, performed on December 17, 2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Assessing the worker's pain and other symptoms, determining the worker's functional abilities, evaluating physical findings, and measuring joint ranges of motion are some components of a routine evaluation. The submitted and reviewed documentation contained no discussion sufficiently supporting the need for range of motion testing separate from the worker's routine follow up care. In the absence of such evidence, the current request for range of motion testing for the date of service 12/17/2014 is not medically necessary.