

<b>Case Number:</b>	CM15-0013247		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California  
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 35 year old female, who sustained an industrial injury on 08/16/2013. The diagnoses have included lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, partial tear of rotator cuff tendon of the right shoulder, tendinitis/bursitis of the right hand/wrist, cervical spondylosis without myelopathy, and tension headache. Treatments to date have included cervical spine injection, home exercise program, and medications. Diagnostics to date have included MRI of the cervical spine on 07/25/2014 which showed reversal of the cervical lordosis, 2mm midline disc protrusion with a mild degree of central canal narrowing, and 1mm midline disc bulging at C3-C4 and C4-C5. In a progress note dated 12/10/2014, the injured worker presented with complaints of thoracic spine, right shoulder, and cervical spine pain. The treating physician reported counseling the injured worker regarding the activities of daily living with regards to limitations and adaptations needed. Utilization Review determination on 12/24/2014 non-certified the request for 1 Follow Up Visit with Range of Motion Measurement and Addressing Activities of Daily Living citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with range of motion measurement and addressing activities of daily living:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Neck and upper back; Low back, Lumbar & thoracic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures, Page 48 Page(s): 48. Decision based on Non-MTUS Citation Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility

**Decision rationale:** The requested Follow up visit with range of motion measurement and addressing activities of daily living , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing. Not recommended as 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 and an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The injured worker has thoracic spine, right shoulder, and cervical spine pain. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Follow up visit with range of motion measurement and addressing activities of daily living is not medically necessary.