

Case Number:	CM15-0014906		
Date Assigned:	02/02/2015	Date of Injury:	12/27/2011
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 12/27/2011. The current diagnoses are status post posterior lumbar interbody fusion L5-S1 with delayed union. Currently, the injured worker complains of intermittent low back pain that radiates to the right sacroiliac joint. Treatment to date has included medications, home exercise program, and surgery. The treating physician is requesting range of motion testing, which is now under review. On 1/7/2015, Utilization Review had non-certified a request for range of motion testing. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is not medically necessary.