

Case Number:	CM15-0016204		
Date Assigned:	02/04/2015	Date of Injury:	09/29/2014
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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 29 year old male, who sustained an industrial injury on 09/29/2014. He has reported subsequent neck, back and right knee pain and was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, right knee tendinitis/ bursitis and status post anterior cruciate ligament tear. Treatment to date has included oral and injectable pain medications and physical therapy. In a progress note dated 11/24/2014, the injured worker complained of constant neck, back and right knee pain radiating to the upper and lower extremities. Objective physical examination findings were notable for spasm and tenderness of the paravertebral musculature of the cervical and lumbar spine, decreased sensation in the C5 and right L5 dermatomes, difficulty with toe and heel walking and patellar crepitus and pain with patellar compression on the right with medial joint line tenderness on the right with positive medial McMurray's test on the right. A request for authorization of computerized dual range of motions was made. On 12/31/2014, Utilization Review non-certified a request for 1 computerized dual range of motions on 11/24/2014, noting that computerized range of motion was not recommended as a primary criteria but should be part of a routine musculoskeletal examination and that there was weak to non-existent evidence suggesting a relationship between range of motion and functionality. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One computerized dual range-of-motions, provided on November 24, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 computerized dual range of motion testing for the date of service 11/24/2014 is not medically necessary