MAXIMUS Federal Services

Case Number:	CM15-0111096		
Date Assigned:	06/17/2015	Date of Injury:	07/19/2012
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial injury on 7/19/12. The injured worker has complaints of low back pain and stiffness, associated with bending, kneeling and squeezing and left knee pain. The documentation note that the lumbar spine range of motion was decreased and painful and there is tenderness to palpation of the lumbar paravertebral muscles. The documentation noted that there is muscle spasm of the lumbar paravertebral muscles and straight leg raise causes pain bilaterally. The left knee range of motion is decreased and painful and there is tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. The diagnoses have included lumbar muscle spasm; lumbar pain; lumbar radiculopathy; lumbar sprain/strain and rule out lumbar disc protrusion. Treatment to date has included weight loss program with private doctor; open reduction, internal fixation of the proximal tibia with screw fixation and arthroscopy of the left knee with anterior cruciate ligament reconstruction with a cadaver allograft and chondroplasty; injections; knee brace; magnetic resonance imaging (MRI) showed damage to the knee and the fracture; physical therapy and medications. The request was for range of motion testing.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Flexibility Section.

Decision rationale: Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In-coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. Severe guarding of low-back motion in all planes may add credence to a suspected diagnosis of spinal or intrathecal infection, tumor, or fracture. However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value. Per ODG, the use of range of motion testing is not recommended as a primary criterion, 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. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "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. This request for range of motion testing is not supported by the established guidelines. The request for range of motion testing is not medically necessary.