

<b>Case Number:</b>	CM15-0112386		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 50 year old male, who sustained an industrial injury on 12/19/2013. He reported pain in his neck, hands, and back from performing his regular job duties as a cook. He also sustained injury to his right foot in 1/2014, non-industrial. The injured worker was diagnosed as having thoracic spondylosis without myelopathy, cervical disc herniation with myelopathy, tendinitis/bursitis of the hand/wrist, and a question of carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, and medications. On 5/06/2015, the injured worker complains of pain in his intermittent and moderate cervical pain, intermittent and moderate thoracic pain, intermittent and moderate bilateral wrist pain, and intermittent slight to moderate lumbar pain. He was currently working with restrictions. His physical exam did not note range of motion measurements. The treatment plan included a follow-up visit with range of motion measurement. On 3/24/2015 a physical examination was noted with range of motion measurements for the cervical spine (mildly decreased), thoracic spine (mildly decreased), and wrists (mildly decreased). Measurements were noted by an external goniometer or digital protractor. The PR2 (4/01/2015) noted no functional improvement since the previous examination. Range of motion measurements were again noted by goniometer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Range of motion measurement: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

**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. In this case, the injured worker had an examination with his primary physician on 5/6/15 but it did not include range of motion testing. The guidelines do not recommend range of motion testing as a primary criterion and state that it should be part of a routine musculoskeletal exam, therefore, the request for 1 range of motion measurement is determined to not be medically necessary.