

Case Number:	CM15-0115178		
Date Assigned:	06/23/2015	Date of Injury:	10/27/2004
Decision Date:	07/31/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on 10/27/2004. She reported a pull in her neck and left shoulder. Diagnoses have included status post anterior-posterior cervical fusion and left shoulder derangement. Treatment to date has included surgery, physical therapy, chiropractic treatment, epidural steroid injection and medication. According to the progress report dated 5/6/2015, the injured worker was noted to have tenderness to palpation of her cervical paraspinal muscles with muscle spasm. She ambulated with a cane with a slow, steady gait. There was plus one thoracic paraspinal muscle spasm. The treatment plan was for simple x-rays of the AP and lateral cervical spine. The injured worker was temporarily totally disabled. Authorization was requested 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines definition of "functional improvement", Chronic pain programs, early intervention Page(s): 1, 32-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, flexibility. Knee and Hand chapter, computerized testing.

Decision rationale: The MTUS, chronic pain section as cited above, recommends the assessment for functional improvement using a variety of possible measures. Range of motion and strength testing are some of the many possible measures. The assessment of functional improvement, per the MTUS for chronic pain on page 1, is to be performed as part of the history and physical examination, not as a stand-alone procedure. The treating physician requested a range of motion test which was not defined, and which is apparently different from the usual physical examination (since a treating physician does not need to formally request the performance of a routine physical examination). This range of motion test is very possibly a computerized range of motion test. The request for Independent Medical Review does not define what is meant by range of motion measurement. The ACOEM Guidelines in each of the body part chapters describes the necessary components of the physical examination, and nowhere is a computerized method mentioned or recommended. The Official Disability Guidelines sections cited above note the lack of necessity for any of this kind measurement. Physicians can assess range of motion using the usual, manual and visual techniques that are an integral part of medical practice and which are not separate procedures. The same is true for assessment of activities of daily living. The physician is expected to incorporate such measures into the usual office visits and no separate procedures are required. As such, the request for separate evaluations of range of motion during an office visit is not medically necessary.