

Case Number:	CM15-0125138		
Date Assigned:	07/09/2015	Date of Injury:	09/17/2009
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This 54 year old male sustained an industrial injury to the neck, back, bilateral shoulders, right elbow and bilateral knees on 9/17/09 following a motor vehicle accident. In a PR-2 dated 3/30/15, the injured worker complained of pain to bilateral arms and legs rated 8-9/10 on the visual analog scale. Physical exam was remarkable for 5/5 upper and lower extremity strength throughout with decreased right grip strength, cervical spine with decreased range of motion. Current diagnoses included high grade foraminal stenosis at C6-7 and C7-T1 with bilateral arm radiculopathy and lumbar disc herniation with nerve compression and facet arthropathy. The treatment plan included continuing home exercise and pain management. The injured worker had been authorized for cervical spine surgery. The injured worker underwent anterior cervical discectomy and fusion at C6-7 and C7-T1 on 5/6/15. In a postoperative neurosurgical evaluation dated 5/21/15, the physician noted that the injured worker was doing well with mild neck pain and some numbness over the incision and arm. Physical exam was remarkable for 4+-5/5 strength throughout the upper extremities with symmetric reflexes and sensation. The injured worker was able to stand and ambulate independently but on toe walk the injured worker could not fully ascend on the right foot. The treatment plan included beginning physical therapy. On 3/30/15, a request for authorization was submitted for range of motion testing and magnetic resonance imaging of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion (ROM) 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 2 General Approach to Initial Assessment and Documentation Page(s): 24, Chronic Pain Treatment Guidelines Evaluation Page(s): 6. Decision based on Non-MTUS Citation <http://www.aaos.org/news/bulletin/may07/managing7.asp>.

Decision rationale: MTUS Guideline standards recommend a standard of medical evaluation that includes ROM testing for musculoskeletal complaints. This is considered an integral aspect of evaluation and not a distinct service separate from an appropriate medical evaluation. If an evaluation has extraordinary difficulty this can be documented and addressed through E/M codes, but requesting a authorization of services for ROM testing is as a distinct service is not supported by Guidelines. ROM (range of motion) testing is not medically necessary as a distinct authorized service.