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| Case Number: | CM15-0175159 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 08/02/2006 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: Montana

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 46 year old female, who sustained an industrial injury on 08-02-2006. The injured worker was temporarily totally disabled as of 01-16-2015 progress report. Medical records indicated that the injured worker is undergoing treatment for cervicothoracic strain, bilateral carpal tunnel syndrome, bilateral carpometacarpal joint arthrosis, right elbow medial epicondylitis, status post anterior-posterior decompression at L4-5 with spinal fusion, and status post bilateral knee contusion. Treatment and diagnostics to date has included lumbar spine surgery and medications. The progress note dated 06-08-2015 states that the injured worker reported "bad pain." Objective findings included "that the patient has difficulty sitting." There is no documentation of range of motion or strength assessments. The request for authorization dated 06-08-2015 requested permanent and stationary evaluation and computerized strength and flexibility (CROM). The Utilization Review with a decision date of 08-05-2015 non-certified the request for computerized strength and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength and flexibility: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flexibility.

Decision rationale: The MTUS does not specifically address Computerized strength and flexibility testing. The ODG guidelines state that 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." 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. (Andersson, 2000) The ODG guidelines state that flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or non-existent. 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. (Parks, 2003) (Airaksinen, 2006) The treatment note of 6-8-15 does not document findings related to muscle strength testing or range of motion. The request for computerized strength and flexibility testing is not supported by the clinical documentation or recommended by the MTUS. The request for computerized strength and flexibility testing is not medically necessary.