

Case Number:	CM15-0175387		
Date Assigned:	09/16/2015	Date of Injury:	07/20/2012
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
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: California

Certification(s)/Specialty: Emergency 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 29 year old female who sustained an industrial injury on 7-20-2012. A review of medical records indicates the injured worker is being treated for right hip IO, labral tear of the right hip, and status post arthroscopy of the right hip. Medical records dated 7-22-2015 noted right hip pain that was constant, right knee pain, and constant lower back pain. Medical records dated 5-27-2015 noted right hip pain a 7-8 out of 10 and lower back pain a 7-8 out 10. Physical findings dated 7-22-2015 noted painful right hip with 0-140 degrees. Treatment has included medications, home exercise program, physical therapy, and aqua therapy. Utilization review form noncertified range of motion testing 1 visit right hip, lumbar spine, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing 1 visit right hip, lumbar spine, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Flexibility.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: As per MTUS ACOEM guidelines, range of motion testing is considered an expected and standard part of a physical exam and assessment. There is no medical indication for any special range of motion testing. This is a billing question and should be worked out between provider and insurance company. From a medical necessity standpoint, range of motion testing is a standard part of an assessment and no specific special testing is indicated. Therefore, the request is not medically necessary.