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| Case Number: | CM15-0178807 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 08/01/2014 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 08-01-2014. He has reported subsequent right stump pain with numbness, throbbing and tingling and low back pain and was diagnosed with lumbar sprain and strain, myofascitis, and avulsion of right leg and foot with subsequent right below the knee amputation. Documentation shows that computerized range of motion testing was performed on 11-19-2014 and was noted to be medically necessary to follow the functional progress and changes through the period of the injured worker's physical medicine and rehabilitation treatment. The physician noted that the injured worker would also be tested at the end of treatment to assess outcome and prepare a home exercise and maintenance program. The final whole person impairment was 24% with lumbar spine range of motion impairment listed as 21% and left lower extremity combined whole person impairment of 4%. Treatment to date has included oral pain medication, transcutaneous electrical nerve stimulator (TENS) unit, chiropractic therapy and revision stump surgery which provided some pain relief. In a progress note dated 07-30-2015 the injured worker reported 4-5 out of 10 intermittent low back pain radiating to the left buttocks. Chiropractic therapy was noted to have decreased pain. The physician noted that the injured worker had seen a prosthetician to get a prosthesis generated. Objective examination findings were notable for difficulty rising from a sitting position, stiffness with mobility, lumbosacral tenderness, positive left straight leg raise and decreased range of motion of the lumbar spine. Work status was documented as temporarily totally disabled. A request for authorization of retrospective computerized range of motion and muscle testing (DOS- 7/30/2015) was submitted. As per the utilization review on 08-21-2015,

the request for retrospective computerized range of motion and muscle testing (DOS- 7/30/2015) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective computerized range of motion and muscle testing (DOS- 7/30/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with intermittent, achy lumbar spine pain rated 4-5/10 which radiates to the left buttock. The treater has asked for Retrospective computerized range of motion and muscle testing (DOS- 7/30/2015) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p unspecified number of chiropractic treatments to the lumbar which have decreased pain per 7/30/15 report. The patient is s/p right below knee amputation from 8/7/14 per 7/27/15 report. The patient has sharp pain with increased sensitivity of the stump, with numbness/tingling/stabbing pain and with phantom pains per 7/27/15 report. The patient's work status is "no work until further workup is finished" per 7/27/15 report. ODG guidelines, Low Back chapter under Flexibility, states: "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 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. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) 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. (Andersson, 2000)." In this case, none of the progress reports dated 11/29/14 to 7/30/15 discuss this request. The patient has already undergone computerized range of motion and muscle testing per 11/19/14 report. It is not clear why the patient needs undergo specialized testing again. Muscle testing is considered as part of routine musculoskeletal evaluation and ODG does not support 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. Hence, the request IS NOT medically necessary.