

Case Number:	CM15-0022206		
Date Assigned:	02/12/2015	Date of Injury:	09/27/2013
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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, Pain Management

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 61 year old male, who sustained an industrial injury on September 27, 2013. The diagnoses have included cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbar spine compression fracture, and left knee arthralgia. Treatment to date has included chiropractic treatments, acupuncture, and medication. Currently, the injured worker complains of low back pain and upper back pain. The Primary Treating Physician's report dated January 12, 2015, noted the injured worker reporting some improvement in the pain with medications and therapy. He was noted to show cervical spine reflexes at C5-C7 blunted bilaterally and lumbar spine reflexes at patellar L4 and Achilles S1 blunted bilaterally, with hypolordosis. On January 27, 2015, Utilization Review non-certified range of motion (ROM) and muscle testing as an outpatient, noting that this data had already been gathered, and that based on a limited clinical information presented for review there was no clinical basis for the assessments. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of range of motion (ROM) and muscle testing as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle testing as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21.

Decision rationale: With regards to the request for outpatient range of motion and muscle testing, there is no specific guideline within the MTUS addressing this topic. Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." Within the submitted documentation, there is no rationale provided for the order of such test, and why this could not be accomplished during routine physical exam with the patient's provider. It is also unclear what type, if any, of specialized equipment would be involved in range of motion testing. Standard range of motion of testing can be accomplished with estimates or the use of goniometer. Therefore, this request is not medically necessary.