

Case Number:	CM15-0042253		
Date Assigned:	03/12/2015	Date of Injury:	09/06/2013
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 33 year old male, who sustained an industrial injury on 9/6/2013. The diagnoses have included lumbar radiculopathy, lumbosacral strain, left knee strain and right hand strain. Treatment to date has included caudal epidural steroid injections (ESI), chiropractic manipulation and medication. According to the Primary Treating Physician's Progress Report dated 2/10/2015, the injured worker complained of low back pain that he described as burning. He rated the pain as 8/10. He also complained of left knee pain and left hip pain rated 8/10. He continued to wear a back support and reported that it helped. He also complained of right wrist pain. Exam of the right wrist revealed tenderness. Exam of the low back revealed tenderness and decreased range of motion. Exam of the left knee showed tenderness to the medial knee with swelling. The treatment plan was to continue medications and to obtain computerized range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion and muscle testing: 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), Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, Computerized range of motion (ROM) or Flexibility section.

Decision rationale: The patient presents with pain and weakness in his right hand, lower back and lower extremity. The request is for COMPUTERIZED RANGE OF MOTION AND MUSCLE TESTING. The patient remains off work until 03/20/15. The ACOEM and MTUS Guidelines do not specifically discuss computerized range of motion or muscle testing. However, ODG Guidelines under the low back chapter, Computerized range of motion (ROM) or Flexibility section, does not recommend "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." In this case, the patient has had computerized range of motion and muscle test on 10/30/14. The treater does not explain why another testing is needed. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treater does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The request IS NOT medically necessary.