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| Case Number: | CM15-0077930 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 02/16/2014 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Family Practice

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 30 year old male, who sustained an industrial injury on 2/16/14. He reported pain in neck, shoulders, right arm and chest with numbness and tingling in right upper extremity. The injured worker was diagnosed as having unspecified disorders and symptoms referable to neck, chest pain, brachial neuritis or radiculitis, pain in thoracic spine and disorders of bursae and tendons in shoulder region. Treatment to date has included oral medications including narcotics, physical therapy, shoulder injections, wrist brace and activity restrictions. Currently, the injured worker complains of neck pain and bilateral shoulder pain with accompanied numbness rated 6-7/10. The injured worker states medications help improve the pain. Physical exam noted tenderness over paraspinal area of thoracic spine to palpation and diminished range of motion. The treatment plan included continuation of medications, continuation of physical therapy, pain management eval, dispensing of topical medications and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and computer assisted muscle test: 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), Low Back, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck and Upper Back Section: Flexibility/Computer Range of Motion.

Decision rationale: The Official Disability Guidelines comment on the use of computer assisted muscle tests in the assessment of range of motion. These guidelines state that this test is not recommended as a primary criteria. The relation between back 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 back pain, and perhaps for the current impairment guidelines of the American Medical Association. In this case, there is insufficient justification for the need of a range of motion/computer assisted muscle test. The medical records document objective signs of passive and active range of motion for this patient's affected areas. Given the lack of support by the ODG for this test, a range of motion and computer assisted muscle test is not medically necessary.