

Case Number:	CM15-0094211		
Date Assigned:	05/20/2015	Date of Injury:	03/09/2012
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/15/2015

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 57 year old female, who sustained an industrial injury on 3/9/12. She reported tripping over a cord causing her to trip and fall. She landed on her left side and injured her back and left hip. The injured worker was diagnosed as having lumbar radiculopathy, left hip strain and left wrist strain. Treatment to date has included an MRI of the lumbar spine, left hip and left wrist, Norco, topical creams and Naproxen. As of the PR2 dated 2/26/15, the injured worker reports 9/10 pain in the low back and left hip. Objective findings include a positive straight leg raise test, a positive Fabers test and an antalgic gait with a cane. The treating physician requested a monthly range of motion test during office visit, lumbar, left wrist and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly range of motion test during office visit, lumbar, left wrist, left hip: 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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: As per MTUS ACOEM guidelines, range of motion assessment is a standard part of a complete physical exam and assessment of a patient. Range of motion testing must be documented as part of a thorough assessment and does not require any special testing nor is it separate part of a proper thorough exam of a patient. Range of motion testing is part of thorough physical exam and a separate procedure to perform what required is not medically necessary.