

Case Number:	CM15-0094437		
Date Assigned:	05/21/2015	Date of Injury:	11/02/2014
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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(n) 64 year old male, who sustained an industrial injury on 11/2/14. He reported injury to his neck, right shoulder, lower back and right arm due to a motor vehicle accident. The injured worker was diagnosed as having lumbar radiculopathy, lumbar discopathy, lumbar sprain and right shoulder impingement syndrome. Treatment to date has included physical therapy, acupuncture, a right shoulder and lumbar MRI and Tramadol and Norflex. As of the PR2 dated 3/18/15, the injured worker reports intermittent, moderate sharp low back pain and stiffness and moderate sharp right shoulder pain. He rates his pain 7/10. Objective findings include lumbar flexion 40 degrees, extension 15 degrees, left lateral 10 degrees and right lateral 15 degrees. The right shoulder range of motion is decreased and there is tenderness to palpation of the acromioclavicular joint and a positive Neer test. The treating physician requested a range of motion test x1 monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test 1 x month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The Official Disability Guidelines comment on the use of range of motion/flexibility in the assessment of a patient with back and with shoulder pain. Range of motion is 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. 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. Measurement of three-dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. In summary, the above-cited guidelines do not support the medical necessity of a range of motion test. Range of motion testing for the back and shoulder should be a routine part of the musculoskeletal examination performed on this patient. This test is not considered as medically necessary.