MAXIMUS Federal Services

| Case Number: | CM13-0001292 | | |
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| Date Assigned: | 05/02/2014 | Date of Injury: | 01/10/2013 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 07/03/2013 |
| Priority: | Standard | Application Received: | 07/12/2013 |

## 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 54-year-old male. The patient has chronic left elbow pain. Physical examination reveals deformity of the elbow. There is an 8 inch surgical scar. Range of motion in his elbow is significantly reduced. There are sensory changes in the left ulnar digits. X-rays reveal evidence of fracture of the proximal ulna at the elbow joint. There is evidence of a long olecranon plate with surgery. There is spur formation at the tip of the olecranon. There is evidence of loose bodies in the joint. Diagnoses include traumatic comminuted fracture of the elbow status post-surgery with screws. At issue is whether additional motion testing of the elbow is medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized flexibility (range of motion) assessment using inclinometers with report and analysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder and Elbow.

**Decision rationale:** The use of computerized flexibility motion analysis of the elbow is considered experimental at this time. Peer review literature does not support improved outcomes with the use of this technology. Indications guidelines do not support this technology. This technology's considered experimental at this time. More medical outcome studies are needed to document the efficacy of motion analysis done by computer. This testing procedure is not medically necessary.