

Case Number:	CM13-0014688		
Date Assigned:	10/04/2013	Date of Injury:	03/18/2013
Decision Date:	02/13/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Occupational Medicine and is licensed to practice in California. 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 physician 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.

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 applicant has filed a claim for bilateral shoulder, low back, bilateral lower extremity, and bilateral upper extremity pain reportedly associated with cumulative trauma at work, first claimed on March 18, 2013. In a utilization review report of August 1, 2013, the claims administrator denied a request for computerized strength and range of motion testing of the lumbar spine, lower extremities, bilateral shoulders, and bilateral upper extremities. A note of July 25, 2013 indicates the applicant presents with complaints of headaches, neck pain, shoulder pain, wrist pain, mid back pain, low back pain, left knee pain, and insomnia reportedly associated with cumulative trauma at work. He is off work, on total temporary disability, and is not receiving disability benefits. The applicant exhibits near-normal shoulder range of motion to 150 degrees bilaterally. Elbow range of motion is from 0 to 135 degrees bilaterally. The applicant is able to make a complete fist and wrist strength is 5/5 bilaterally. X-rays of numerous body parts have been taken. Computerized range of motion and strength testing is requesting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength and Flexibility (Range of Motion) Assessments to the Lumbar Spine, Lower Extremities, Bilateral Shoulders and upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic), Chapter: Shoulder (Acute & Chronic), and Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 292-293,200,333.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, range of motion testing is of limited value owing to the marked variation amongst individuals with and without symptoms. Thus, ACOEM notes that range of motion testing of the lumbar spine is of limited value, even when performed conventionally. There is, consequently, no support for the computerized testing being proposed by the attending provider. Similarly, the MTUS-adopted ACOEM Guidelines in chapter 9 state that range of motion of the shoulders can be determined both actively and passively. Thus, ACOEM chapter 9 likewise does not establish any role for computerized range of motion testing in the physical examination part of the evaluation. Finally, the MTUS-adopted ACOEM Guidelines in chapters 9, 12, and 13 note that neurovascular screening and/or neurologic exam should be performed via conventional means such as manual muscle testing. ACOEM does not, thus, support the computerized strength testing being proposed by the attending provider. Thus, for all of these reasons, the request is not certified.