

<b>Case Number:</b>	CM13-0042874		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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. 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:

This patient reported with a date of injury of 12/23/08. A utilization review determination dated 10/15/13 recommends non-certification of Computerized Strength & Flexibility (ROM) assessments cervical, lumbar, upper and lower extremities. A 10/10/13 medical report identifies that the patient is being evaluated for medication management and/or ongoing medication therapy and a drug compliance and qualitative chromatography test was conducted. A progress report dated 8/21/13 identifies subjective complaints including that the patient remains symptomatic. Objective examination findings identify cervical spine tenderness, spasm, and tightness. ROM is reduced and there is antalgic and short-stepped gait. SLR is positive and there is decreased sensation at L5-S1 bilaterally. Diagnoses are not listed. Treatment plan recommends multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**computerized strength & flexibility (ROM) assessments cervical, lumbar, upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Flexibility and Knee chapter, computerized muscle testing.

**Decision rationale:** Regarding the request for Computerized Strength & Flexibility (ROM) assessments cervical, lumbar, upper and lower extremities, California MTUS cites that range of motion measurements of the back are of limited value. More specifically, ODG cites that computerized range of motion measurements and strength testing are not recommended and they are of unclear therapeutic value. Within the documentation available for review, there is no clear documentation of the medical necessity for the requested assessments and why adequate testing of the musculoskeletal system cannot be done by utilizing a goniometer, dynamometer, and other analog testing methods, which would be expected to be part of a routine physical examination. In light of the above issues, the currently requested Computerized Strength & Flexibility (ROM) assessments cervical, lumbar, upper and lower extremities is not medically necessary.