MAXIMUS Federal Services

Case Number:	CM13-0057042		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2010
Decision Date:	04/01/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation 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:

The patient is a 27-year-old female who reported an injury on 08/18/2010 per the Application of Independent Medical Review. The mechanism of injury was noted to be due to repetitive motion. Patient's diagnosis was noted to be cervical spine sprain and strain, bilateral elbow lateral epicondylitis, left wrist strain, right wrist dorsal gangling cyst, bilateral carpal tunnel syndrome, lumbar spine strain and sprain, right knee chondromalacia patella and internal derangement with lateral meniscus tear per the DWC Form RFA. The request was made for computerized strength and flexibility range of motion assessments of the cervical spine, lumbar spine, and upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for computerized strength and flexibility assessment of the cervical and lumbosacral spine and upper and lower 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 (ODG

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

Decision rationale: The Official Disability Guidelines (ODG) does not recommend flexibility as a primary criteria and indicate that the examination should be a part of routine musculoskeletal evaluation. An inclinometer is a preferred device for obtaining accurate reproducible measurements. There was a lack of documentation indicating a necessity for computerized strength and flexibility assessment. Given the above and the lack of documented rationale, the request for computerized strength and flexibility assessment of the cervical and lumbosacral spine and upper and lower extremities is not medically necessary.