

<b>Case Number:</b>	CM13-0060813		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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:

This 24 year-old male Maintenance Worker sustained an injury after a dropped tool fell on his upper back on 8/30/13 while employed by [REDACTED]. Request under consideration include Comp Tracker ROM & Muscle Testing C-Spine/Left Shoulder (95851 & 95831). Report of 10/14/13 from provider noted patient with radiating pain to left side of shoulder to blade, arm and upper back rated at 7-8/10 scale associated with numbness and tingling. Exam of the cervical spine revealed hyperlordosis; tenderness to palpation with spasm of left upper trapezius muscles; range flex/ ext/ right rotation/ left rotation at 40/1030/55/35 degrees intact symmetrical reflexes and sensory exam; left shoulder showed TTP and spasm in left upper trapezius muscle, rhomboid and left AC joint; range of shoulder in abd/ flex/ ext/ add/ IR/ ER at 45/55/20/25/30/60 degrees respectively; positive impingement and apprehension signs. Request for computerized Tracker ROM and MMT of cervical spine and left shoulder was non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comp Tracker ROM & Muscle Testing C-Spine/Left Shoulder:** 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), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

**Decision rationale:** This 24 year-old male Maintenance Worker sustained an injury after a dropped tool fell on his upper back on 8/30/13 while employed by [REDACTED]. Request under consideration include Comp Tracker ROM & Muscle Testing C-Spine/Left Shoulder (95851 & 95831). Report of 10/14/13 from provider noted patient with radiating pain to left side of shoulder to blade, arm and upper back rated at 7-8/10 scale associated with numbness and tingling. Exam of the cervical spine revealed hyperlordosis; tenderness to palpation with spasm of left upper trapezius muscles; range flex/ ext/ right rotation/ left rotation at 40/1030/55/35 degrees intact symmetrical reflexes and sensory exam; left shoulder showed TTP and spasm in left upper trapezius muscle, rhomboid and left AC joint; range of shoulder in abd/ flex/ ext/ add/ IR/ ER at 45/55/20/25/30/60 degrees respectively; positive impingement and apprehension signs. Computerized ROM and muscle testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Comp Tracker ROM & Muscle Testing C-Spine/Left Shoulder (95851 & 95831) is not medically necessary and appropriate.