

<b>Case Number:</b>	CM13-0062052		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/14/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, 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 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 an employee of [REDACTED] and has filed a claim for upper extremity and back pain associated with an industrial injury date of July 12, 2011. Utilization review from November 14, 2013 denied the request for computerized range of motion and muscle testing of the bilateral upper extremities, lower extremities, and lumbar spine. Reasons for denial were not made available. Treatment to date has included physical therapy, acupuncture, and chiropractic manipulation. Medical records from 2013 were reviewed showing mostly illegible handwritten progress notes. The patient has been seeing a chiropractor in the last quarter of 2013. Progress notes did not indicate specific subjective and objective functional disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RANGE OF MOTION COMPUTERIZED MUSCLE TESTING OF THE BILATERAL UPPER EXTREMITIES, BILATERAL LOWER EXTREMITIES, AND LUMBAR SPINE:** 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, Flexibility

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Online Edition, Chapter- Low Back Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why conventional methods for strength and range of motion testing cannot suffice. Therefore, the request for range of motion computerized muscle testing of the bilateral upper extremities, bilateral lower extremities, and lumbar spine is not medically necessary.