

Case Number:	CM13-0066035		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2011
Decision Date:	05/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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:

According to the records made available for review, this is a 55-year-old female with a 2/4/11 date of injury. At the time (11/16/13) of the decision for retrospective request for one (1) computerized range of motion (ROM) and muscle testing and report, there is documentation of subjective (bilateral shoulders, neck, and bilateral wrists/hands pain) and objective (tenderness over the anterior and lateral deltoid, limited and stiff bilateral shoulder range of motion, tenderness over the cervical spine, and positive Tinel's and elbow flexion tests) findings, a current diagnoses of cervical spine discopathy, right shoulder calcific tendinitis, right wrist sprain/strain, carpal tunnel syndrome, and right peroneal tendinitis. The treatment to date included: medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 COMPUTERIZED ROM AND MUSCLE TESTING AND REPORT: 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) NECK AND UPPER BACK, COMPUTERIZED RANGE OF MOTION (ROM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, COMPUTERIZED RANGE OF MOTION (ROM)

Decision rationale: The Official Disability Guidelines indicate that computerized range of motion (ROM)/flexibility is not recommended as primary criteria and that the relation between back range of motion measures and functional ability is weak or non-existent. Therefore, based on guidelines and a review of the evidence, the request for one (1) computerized ROM and muscle testing and report is not medically necessary.