

Case Number:	CM13-0069606		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2005
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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:

The patient is a 48-year-old male who was injured on 04/25/2005. The mechanism of injury is unknown. Prior treatment history has included physical therapy, medications and an epidural injection on 02/18/2013. The patient underwent right shoulder surgery on 04/12/2011 and arthroscopic surgery of the left knee on 01/11/2001. A progress note dated 10/03/2013, documented that the patient continues to have low back pain and left shoulder pain with neck pain. The objective findings on exam reveal the Jamar Grip Exam to show: right hand 30 kg, 32 kg, and 29 kg. The left hand 21 kg, 23 kg, and 25 kg. Range of motion of the cervical spine revealed: flexion 36/50, extension 25/60, right rotation 59/80, left rotation 55/80, right lateral flexion 23/45, and left lateral flexion 38/45. The shoulder depression test is positive on the left. The cervical compression test, cervical distraction test, and Soto-Hall tests are negative. The Spurling's test, Adson's, hyperabduction test and costoclavicular test are negative bilaterally. Palpation of the cervical paravertebral muscles reveals tenderness and hypertonicity, bilaterally. Palpation of the trapezius muscles reveals tenderness and hypertonicity, bilaterally. Range of motion of the lumbar spine reveals: Flexion 42/60, extension 18/25, right lateral flexion 19/25 and left lateral flexion 22/25. The Kemp's test is positive bilaterally. The Braggard's test is negative bilaterally. The Valsalva and Dejerine's triad are negative. The reflexes of C5, C6, C7, L4 and S1 nerve roots are 2+ bilaterally. The dermatome patterns of C6, C7, C8, L5 and S1 are decreased. Range of motion of the right shoulder reveals: flexion 166/180, extension 44/50, abduction 151/180, adduction 34/50, internal rotation 84/90 and external rotation 88/90. Range of motion of the left shoulder reveals: flexion 113/180, extension 37/50, abduction 99/180, adduction 29/50, internal rotation 28/90 and external rotation 70/90. The Supraspinatus test, Neer's impingement and Hawkin's impingement are positive on the left. Other orthopedic tests are negative bilaterally. Palpation of the trapezius muscles and parascapular muscles reveals

tenderness and hypertonicity, bilaterally. Palpation of the rhomboids muscle reveals tenderness and hypertonicity on the left. Palpation of the subacromial space reveals tenderness on the left. Palpation of the acromioclavicular joints reveals tenderness bilaterally. The Motor strength of the shoulders is 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) J-TECH COMPUTERIZED TESTING: 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 - LUMBAR & THORACIC (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE AND CHRONIC), FLEXIBILITY & NECK AND UPPER BACK (ACUTE & CHRONIC), FLEXIBILITY.

Decision rationale: The Official Disability Guidelines indicate that computerized range of motion (ROM) is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The guidelines indicate that the examiner should determine range of motion actively and passively as part of the normal exam and an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. In this case, there is no rationale submitted for performing ROM testing separately by computerized methods. Thus, the request for one (1) J-Tech computerized testing is not medically necessary and appropriate.