

<b>Case Number:</b>	CM14-0002129		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Illinois. 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 injured worker is a 51 year old male with a reported injury date on 05/13/2013; the mechanism of injury was not provided. The clinical note dated 12/04/2013 noted the injured worker had complaints that included constant low back pain with numbness and tingling to the thigh. Objective complaints included decreased range of motion to the lumbar spine and a positive seated straight leg raise. The injured worker had diagnoses including left adductor tendonitis and lumbar spine disc protrusion. The request for authorization for computerized range of motion muscle testing was submitted on 09/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPUTERIZED RANGE OF MOTION MUSCLE TESTING FOR THE 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, Worker's Compensation, Online Edition, Chapter Low Back - Lumbar and Thoracic, Computerized Range of Motion (ROM), Flexibility.

**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 Chapter, Flexibility.

**Decision rationale:** It was noted the injured worker has complaints that included constant low back pain with numbness and tingling to unspecified thigh. Objective complaints included decreased range of motion to the lumbar spine and positive seated straight leg raise. The Official Disability Guidelines state that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. The guidelines also state that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Based on the available documentation the medical necessity for this request has not been established. It remains unclear how this request would benefit the injured worker as it was already documented that the injured worker had decreased range of motion. Additionally, it appears that there would be no therapeutic gain received by the injured worker by undergoing a computerized measurement of range of motion. Therefore, based on guidelines and a review of the documents, the request for Computerized Range of Motion Muscular Testing is not medically necessary.