

<b>Case Number:</b>	CM14-0008311		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Internal Medicine, 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 30-year-old male with date of injury March 6, 2013 related to a motor vehicle accident and as a consequence, has ben diagnosed with neck pain, low back pain, and residual headache. Physical therapy gave some benefit, but it is reported he is still having some residual symptoms and regular headaches. Notes are sparse as to detailed physical exam findings. There is report that Tramadol and Flexeril are being used for pain control. The current request is for 1 computerized strength and flexibility (range of motion) assessment test for the cervical spine, upper extremities, lumbar spine, shoulders and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 COMPUTERIZED STRENGTH AND FLEXIBILITY (RANGE OF MOTION) ASSESSMENT TEST FOR THE CERVICAL SPINE AND UPPER EXTREMITIES, LUMBAR SPINE AND LOWER EXTREMITIES, AND BILATERAL SHOULDERS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.23.1. NECK AND UPPER BACK, 9792.23.2. SHOULDER COMPLAINTS, 9792.23.4. FOREARM, WRIST, AND HAND COMPLAINTS, 9792.23.5. LOW BACK COMPLAINTS, 9792.23.6. KNEE COMPLAINTS, 9792.23.7. ANKLE AND FOOT COMPLAINTS, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-neck, knee, low back, ankle; Flexibility

**Decision rationale:** MTUS is silent as it pertains to computerized testing modalities for range of motion and flexibility. ODG states that computerized flexibility/range of motion testing is not recommended for neck, low back, and knee pain as the relation between function and range of motion measures by this modality is 'weak or nonexistent.' Furthermore, it is not clear why a simple physical exam can not be done for each of the body parts listed and detailed documentation and notes be taken and followed over time for objective improvements. Due to the fact that ODG does not recommend this type of computerized testing at all, let alone each of the body parts requested, the medical necessity has not been met. The request for one computerized strength and flexibility (range of motion) assessment test for the cervical spine and upper extremities, lumbar spine and lower extremities, and bilateral shoulders is not medically necessary or appropriate.