

<b>Case Number:</b>	CM14-0100355		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, has a subspecialty in Interventional Spine 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 56 year-old female with a 12/27/06 date of injury. She has been diagnosed with lumbosacral disc disease; lower extremity radiculopathy; internal derangement of the right hip, s/p right hip surgery. On 6/10/14, UR reviewed a request received on 6/3/14, and denied computerized strength testing and flexibility assessments of bilateral hips, lumbar spine, lower extremities, bilateral shoulders and upper extremities. The medical report that contains the request for authorization or rationale for computerized testing was not available for this IMR. The most recent report available for this IMR is dated 3/18/14 from [REDACTED], and states the patient has HNP L5-S1; s/p right hip arthroscopy 10/31/07; positive radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized strength & flexibility assessments of the bilateral hips, lumbar spine, lower extremities, bilateral shoulders and upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGODG lumbar chapter.

**Decision rationale:** This IMR is for: Computerized strength & flexibility assessments of the bilateral hips, lumbar spine, lower extremities, bilateral shoulders and upper extremities. The patient is a 56 year-old female with a 12/27/06 date of injury. She has been diagnosed with lumbosacral disc disease; lower extremity radiculopathy; internal derangement of the right hip, s/p right hip surgery. The medical report that contains the request for authorization or rationale for computerized testing was not available for this IMR. The most recent report available for this IMR is dated 3/18/14 from [REDACTED], and states the patient has HNP L5-S1; s/p right hip arthroscopy 10/31/07; positive radiculopathy. There are no upper extremity or shoulder complaints or diagnoses or physical exam findings. The issue here deals with performing computerized ROM testing as a separate procedure from a part of the standard physical examination. ODG guidelines state this is a routine part of the musculoskeletal evaluation. Computerized ROM testing is not necessary for CA impairment rating, as according to ODG, the AMA guides require use of dual inclinometers. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines