

Case Number:	CM14-0131851		
Date Assigned:	08/20/2014	Date of Injury:	06/11/2012
Decision Date:	09/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

This 42 year-old patient sustained an injury on 6/11/12 while employed by [REDACTED]. Request(s) under consideration include TR319801 Diagnostic Test Computerized Strength and Flexibility (Range of Motion) Assessments, for the Cervical Spine and Upper Extremities, Bilateral Shoulders Quantity: 1. Conservative care has included physical therapy, medications, cervical epidural steroid injections, and modified activities/rest. The patient is status post bilateral carpal tunnel release 2/11/14. Hand-written illegible reports of 5/5/14 and 6/9/14 from the provider noted patient with ongoing symptoms for neck and wrists. Exam showed patient with good ROM but with weak grip; cervical spine was tender with mild trapezius spasm and decreased range. Diagnoses included cervical discopathy and status post CTR with residual. Treatment plan included continuing PT and TTD status. The request(s) for TR319801 Diagnostic Test Computerized Strength and Flexibility (Range of Motion) Assessments, for the Cervical Spine and Upper Extremities, Bilateral Shoulders was non-certified on 8/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TR319801 Diagnostic Test Computerized Strength and Flexibility (Range of Motion) Assessments, for the Cervical Spine and Upper Extremities, Bilateral Shoulders Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- LOW BACK - FLEXIBILITY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, pages 137-138 (ODG) Low Back, Flexibility, pages 423-424.

Decision rationale: Computerized ROM and strength testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Submitted reports have not adequately provided extenuating circumstances or clear indication for computerized testing over the standard practice of manual evaluation with use of inclinometer. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The TR319801 Diagnostic Test Computerized Strength and Flexibility (Range of Motion) Assessments, for the Cervical Spine and Upper Extremities, Bilateral Shoulders is not medically necessary and appropriate.