

<b>Case Number:</b>	CM14-0154440		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/18/2004
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational 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 62-year-old male, who has submitted a claim for cervicalgia associated with an industrial injury date of October 18, 2004. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of constant neck pain radiating to his shoulders, hand and fingers. Physical examination from the progress notes was seen, however; they were illegible. MRI of the cervical spine dated April 15, 2012 showed multilevel bulge or protrusion at the levels of C4-C7. MRI of the left shoulder dated April 15, 2012 showed mild reduction of the subacromial space and trace bursitis but no evidence of rotator cuff tear or retraction. MRI of the right shoulder dated April 15, 2012 showed trace bursitis and moderate reduction of the subacromial space with partial thickness tear of the distal supraspinatus tendon at its attachment occupying most of the bursal surface measuring 5x10mm. Treatment to date has included medications, psychotherapy, physical therapy and chiropractic therapy. Utilization review from August 1, 2014 denied the request for 1 computerized strength & flexibility assessments: C/spine & upper extremities: bilateral shoulders and decision for 1 computerized strength & flexibility assessments: C/spine & upper extremities: L/spine & lower extremities because there is no support for utilizing computerized strength and ROM testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Computerized Strength & Flexibility Assessments for Cervical spine & upper extremities (bilateral shoulders): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic); Official Disability Guidelines, 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, Flexibility

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, range of motion was part of the physical examination on the progress notes reviewed, however; they are illegible. In addition, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Range of motion assessments should be provided as part of the physical examination component, and not as a separate assessment. Therefore, the decision for One Computerized Strength & Flexibility Assessments for Cervical spine & upper extremities (bilateral shoulders) is not medically necessary and appropriate.

**One Computerized Strength & Flexibility Assessments for Lumbar spine & lower extremities:** 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 - 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, Flexibility

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, range of motion was part of the physical examination on the progress notes reviewed, however; they are illegible. In addition, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Range of motion assessments should be provided as part of the physical examination component, and not as a separate assessment. Therefore, the decision for One Computerized Strength & Flexibility Assessments for Lumbar spine & lower extremities is not medically necessary and appropriate.

