

Case Number:	CM14-0173931		
Date Assigned:	10/27/2014	Date of Injury:	06/11/2014
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & 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:

The underlying date of injury in this case is 06/11/2014. The date of the utilization review under appeal is 10/09/2014. On 09/23/2014, the patient was seen in primary treating physician initial medical evaluation regarding complaints of pain in both elbows. The patient had been injured on 06/11/2014 when she elevated her arms when putting thread in a machine, and as she came down she hit her right elbow with the machine. The treating physician diagnosed the patient with bilateral elbow sprain, right elbow contusion, and clinical epicondylitis. The patient had normal range of motion of the left elbow and had slightly reduced right elbow flexion at 125 degrees and slightly reduced right elbow extension at -5 degrees. The treating physician recommended treatment to include physical therapy, acupuncture, elbow supports, cyclobenzaprine, and transdermal compounds. A treatment request has also been made for computerized range of motion and muscle testing at the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tracker ROM & Muscle Testing - ROM Testing Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM Guidelines, Chapter 2/Assessment, page 21, discuss a general approach to initial assessment and documentation. This assessment should include a history and physical examination. Assessment of range of motion and muscle testing would be part of any routine musculoskeletal physical examination. Neither the medical records nor the guidelines provide a rationale as to why this patient would require computerized range of motion and muscle testing rather than as part of a regular physician history and physical examination. This request is not medically necessary.