

<b>Case Number:</b>	CM14-0022635		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

The injured worker is a 58-year-old who reported an injury on December 14, 2009 due to repetitive overhead reaching motion. On February 27, 2014, the injured worker presented with pain to the cervical spine, right shoulder, and bilateral hands and wrists. There is also associated numbness and tingling in the hands and wrists. Prior therapy included surgeries, medication, and therapy. On examination of the cervical spine, the range of motion values were 30 degrees of extension, 30 degrees of bending to the right, 30 degrees of bending to the left, 45 degrees of right rotation, and 45 degrees of left rotation. Upon examination of the shoulders, there was positive impingement sign to the right. The diagnoses were cervical spine sprain/strain, right shoulder strain, rule out rotator cuff tear, and bilateral carpal tunnel syndrome. The provider recommended physical therapy and computerized strength and flexibility range of motion assessments for the cervical spine and upper extremities to accurately evaluate the injured worker's condition and monitor the injured worker's objective progress. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One computerized strength and flexibility range of motion assessments (rom) for the cervical spine and upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment.

**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 request for computerized strength and flexibility range of motion assessment (ROM) for the cervical spine and upper extremities is non-certified. Official Disability Guidelines do not recommend computerized strength and flexibility range of motion assessments as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for injured workers with chronic low back pain and perhaps for the current impairment guidelines of the American Medical Association. The guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers and where the result range of motion is of unclear therapeutic value. Measurement of 3-dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting injured workers with low back disorder than range of motion. The documentation provide range of motion values for the cervical spine and shoulders, the need for computerized assessment would not be indicated. As such, the request for computerized strength and flexibility range of motion assessments (rom) for the cervical spine and upper extremities is not medically necessary or appropriate.

**Unknown sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for unknown session of physical therapy is non-certified. The Chronic Pain Medical Treatment Guidelines states that active therapy is based on philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home with an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines do recommend up to ten physical therapy visits for up to four weeks. The amount of physical therapy visits that have already been completed was not provided. Additionally, the provider does not specify the site at which the physical therapy is intended for, the amount of physical therapy that is being requested, or the frequency of the requested visits. As such, the request for unknown sessions of physical therapy is not medically necessary or appropriate.

