

<b>Case Number:</b>	CM14-0027604		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 has a subspecialty in Pain 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 injured worker reurouted a date of injury of April 15, 2009. The diagnoses include chronic neck pain, C4-5 idsc protrusion, lef shoulder pain, s/p left shoulder arthroscopical labral debridement, carpal tunnel syndrome, cubital tunnel sndrome, carpometacarpal joint arthrosis of the thumbs, lumbosacral strain, and cephalgia. The disputed request are for computerized range of motion testing. A utilization review determination had denied all requests for computerized ROM testing. The cited rationale was that AMA Guidelines to Impairment state that an inclinometer is a practical and inexpensive manner of reproducibly measuring ROM and there is no indication for computerized range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPUTERIZED STRENGTH AND FLEXIBILITY (RANGE OF MOTION) USING INCLINOMETERS, WITH REPORT & ANALYSIS FOR THE CERVICAL SPINE & UPPER 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Given the lack of supportive evidence and considering community standard of care, this request is recommended for non-certification.

**COMPUTERIZED STRENGTH & FLEXIBILITY (RANGE OF MOTION) USING INCLINOMETERS, WITH REPORT & ANALYSIS FOR THE 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Given the lack of supportive evidence and considering community standard of care, this request is recommended for non-certification.

**COMPUTERIZED STRENGTH & FLEXIBILITY (RANGE OF MOTION) USING INCLINOMETERS, WITH REPORT & ANALYSIS FOR THE 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, Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Given the lack of supportive evidence and considering community standard of care, this request is recommended for non-certification.