

<b>Case Number:</b>	CM14-0028465		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	02/04/2014
<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 and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old female who reported injury on 08/10/2012. The specific mechanism of injury was not provided. However, the diagnosis was overuse syndrome in the bilateral hands. The diagnostic studies were not provided. Prior treatments included physical therapy and ice as well as medications and a wrist brace. The past surgeries noncontributory. The medications were noted to include meloxicam 15 mg tablets, famotidine 40 mg tablets, ondansetran 4 mg tablets, citalopram 20 mg tablets, trazodone, methocarbamol 750 mg, Norco, omeprazole, prednisolone, Polar Frost Gel 150 mL 5 oz, and naproxen 500 mg tablets 1 twice a day. Documentation of 09/05/2013 revealed the injured worker had complaints of pain in the neck, shoulders, elbows, wrists, hands, and fingers. The documentation indicated the injured worker was feeling depressed because she was not able to do household chores or work as fast as she could before her injury. The physical examination revealed the injured worker had right sided facial paralysis. The documentation indicated the injured worker had Bell's palsy. The examination of the cervical spine revealed tenderness from C2 through C6 and over the paravertebral muscles. The range of motion in flexion was 52 degrees, extension 36 degrees, tilt of 30 and 35 degrees, and rotation of 70 and 70 degrees. The examination of the bilateral shoulders revealed tenderness over the shoulders and shoulder girdles. The injured worker was too sore to test muscle strength. The injured worker had decreased range of motion. The examination of the injured worker's bilateral elbows revealed tenderness over the lateral condyles of the bilateral elbows. There was full range of motion. The examination of the injured worker's bilateral wrists and hands revealed tenderness over the bilateral hands. There was full range of motion. The diagnoses included sprain and strain of the cervicothoracic spine and associated musculoligamentous structures, consider a cervical disc or intraspinal injury, tendinitis or tendinosis, and lateral epicondylitis bilateral elbows, bilateral carpal tunnel syndrome, and

overuse syndrome of the bilateral wrists and hands. The treatment plan included computerized range of motion testing as was medically necessary to determine the injured worker's disability per the American Medical Association Guidelines 5th Edition to document the injured worker's whole person impairment per the labor code. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **COMPUTERIZED ROM (RANGE OF MOTION) STUDY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER ON HAND, WRIST & FOREARM DISORDERS; ACOEM CHAPTER ON CERVICAL & THORACIC SPINE DISORDERS

**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 Chapter, Flexibility

**Decision rationale:** The Official Disability Guidelines indicate that flexibility is not recommended as primary criteria; however, it should be part of the routine musculoskeletal evaluation. An inclinometer is the preferred device for obtaining accurate reproducible movements. The clinical documentation submitted for review indicated the injured worker should undergo computerized range of motion studies to determine the injured worker's disability. However, the request as submitted failed to indicate the body part to be tested. While it was indicated the request was made to indicate the injured worker's amount of disability, which would not be an exceptional circumstance to warrant nonadherence to guideline recommendations. Given the above, the request for computerized range of motion study is not medically necessary.