

<b>Case Number:</b>	CM14-0087717		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on April 4, 2013. The mechanism of injury not listed in the records reviewed. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of neck pain, low back pain, bilateral shoulder pain, and elements of depression. The physical examination demonstrated a 5'6", 150 pound individual who is normotensive (128/78). There is tenderness to palpation the posterior aspect of the cervical spine, a full range of motion is noted, there is no muscle spasm identified. There is tenderness to palpation of lumbar spine with a decrease in range of motion. Straight leg raising is to 70 bilaterally. Diagnostic imaging studies objectified degenerative changes in cervical spine, multiple level degenerative disc disease with minimal protrusion, disc desiccation, and no acute pathology. Previous treatment includes medications and chiropractic care. A request had been made for muscle strength testing and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 4/23/2014 range of motion and muscle strength right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Updated August, 2014

**Decision rationale:** There is no reference in the MTUS or ACOEM relative to this request. An assessment of the range of motion and muscle strength testing is a normal function of everyday office physical examination. There is no clinical indication for any specialized testing to establish these parameters. Therefore, noting the explicit instructions for peer planning as outlined in the wrist chapter of the ODG, there is no clinical indication for specialized testing. There is no medical necessity established. Such as, Retrospective for date of service 4/23/2014 range of motion and muscle strength right wrist is not medically necessary.