MAXIMUS Federal Services

Case Number:	CM14-0093189		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2011
Decision Date:	09/12/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 injured worker is a 43-year-old-female who sustained industrial injury on 05/15/11 while employed with [redacted]. She has intermittent numbness and tingling of her forearm, but pain is well-controlled with medication. Upper extremity exam reveals mild inflammation over a well-healed lateral epicondyle scar. She has a peri-incisional tenderness to palpation. Elbow ROM: flexion 150; extension 0; pronation and supination: 80. Right upper extremity sensation is intact. Strength: 2+/5. Shoulders: Bilateral shoulder exam revealed no tenderness, full motion. ROM of Shoulders: Forward flexion 160 degrees bilaterally; Abduction 170 degrees bilaterally; internal rotation: 70 degrees bilaterally; external rotation: 60 degrees bilaterally; extension: 50 degrees bilaterally; and adduction 45 degrees bilaterally. ROM of elbows/forearms: Extension 0 degrees bilaterally; flexion: 145 degrees bilaterally; supination: 85 degrees bilaterally; and pronation 70 degrees bilaterally. Wrists: Full motion bilaterally. Bilateral hands have full motion. Jamar Dynamometer (in kilos): Right 20-15-20 and on left: 30- 35-30. Measurements of upper extremities (max diameter in cm): Upper arm: on right/left 30 bilaterally; and forearm on right/left 26 bilaterally. MRI of the right elbow dated 04/15/12 revealed partial tear of common extensor tendon and small joint effusion. Medications: Gabapentin, Tramadol, Cyclobenzaprine, Pantoprazole refill was given as well as a prescription for transdermal compounds. Diagnoses: Right elbow lateral epicondylitis; right elbow internal derangement; bilateral upper extremity neuropathy; bilateral upper and lower extremity neuropathy; carpal tunnel syndrome, per NCV; cervical spine sprain/strain; myospasms; low back pain; lumbar spine disc protrusions; status post right lateral epicondyle release dated 02/12/14. Treatment recommended post-op chiropractic treatment which includes supervised physiotherapy at 2 times a week for the

next 6 weeks, as well as range of motion and muscle strength testing. UR determination for Range of Motion and Muscle Testing: Non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Knee.

Decision rationale: Per CA MTUS / ACOEM Guidelines, computerized ROM and muscle testing is not recommended. It should be a part of a routine musculoskeletal evaluation. The relation between 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 patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They 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 three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. Similarly, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. Therefore, the request is not medically necessary.