

<b>Case Number:</b>	CM14-0133746		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, 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:

This is a 61 year old male who suffered a work related injury on 07/27/2012. He complains of cervical spine, left shoulder, left elbow, bilateral wrists and lumbosacral spine pain. In addition he complains of acid reflux symptoms, hypertension, and gastropathy. Diagnoses include cervical sprain/strain, cervical spine multilevel disc bulges, cervicogenic versus occipital versus hypertensive headaches, left elbow cubital tunnel syndrome, bilateral wrist carpal tunnel syndrome, lumbosacral sprain/strain, left lower extremity radiculopathy, and a 4 to 5-mm disc bulge at L5-S1. In a physician progress note dated 06/19/2014 he continues to complain of cervical spine pain radiating into his left arm to hand, as well as lumbar spine pain radiating into his left leg to foot. Treatment has included medications; he is not attending any therapy at this time. On examination of the cervical spine, the injured worker has tenderness and spasm over the paracervical area and trapezius muscles bilaterally, with limitation of motion upon flexion, extension, bilateral rotation and bilateral lateral flexion. He has positive cervical compression test and shoulder depression test bilaterally. His left shoulder shows tenderness over the rotator cuff and trapezius muscles, with limitation of motion upon flexion, extension, abduction, adduction, internal rotation and external rotation. He has positive Apprehension test and impingement sign on the left. His left elbow has tenderness over the flexor and extensor muscles. On examination of the lumbosacral spine he has tenderness and spasm over the paravertebral area, with muscle guarding noted on range of motion and limitation of motion upon flexion, extension and bilateral lateral flexion. Straight leg test is positive at 45 degrees, which produced an increase in lumbar spine pain. Kemp's test is also positive bilaterally. The treatment request is for J-Tech Examination for cervical and lumbar spine, left elbow and wrists. Utilization Review dated 07/21/2014 non-certified the request for J-Tech Examination for cervical and lumbar spine, left elbow and wrists. Cited were Official Disability Guidelines. OGD does not recommend

computerized range of motion or strength testing. It has not been clearly discussed what J-Tech examination includes and the clinical utility. It is not recommended as primary criteria, but should be part of a routine musculoskeletal evaluation.

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

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

**J-Tech Examination for cervical and lumbar spine, left elbow and wrists:** 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) Flexibility, (Knee and Leg Chapter); Computerized muscle testing.

**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, Computerized Muscle Testing.

**Decision rationale:** The MTUS is silent on computerized muscle testing. Per the ODG guidelines with regard to computerized muscle testing: 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. As the request is not recommended by the guidelines, the request is not medically necessary.