

<b>Case Number:</b>	CM14-0195234		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Family Medicine and is licensed to practice in Pennsylvania. 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 worker was bitten on her right forearm while restraining a client on 9/20/2013. She had persistent lateral elbow pain. An MRI of the right elbow on 04/21/2014 revealed a thickening of the right collateral ligament and common extensor tendonosis of the lateral epicondyle with lateral epicondylitis. At the primary treating physician medical re-evaluation visit on 10/13/2014 she reported less elbow and forearm pain since a cortisone injection a month previous but the pain was still there. Physical examination revealed decreased grip strength on the right. There was a well healed bite scar with mild inflammation. There was tenderness to palpation of the extensor muscles and the right lateral epicondyle and the cubital fossa. She had full range of motion with pain at end ranges according to the visit documentation which also specifically recorded right elbow flexion as 122 degrees and left 138 with normal being 150. Extension in both elbows was 0 with normal being 0. Elbow muscle strength testing was -27% on the right and wrist extension was -46% on the right. She had limited range of motion of the right wrist secondary to pain. The diagnoses included right upper extremity neuropathy; right forearm pain, status post bite of the right forearm; depression; rule out CRPS; gastritis; common extensor tendinosis consistent with lateral epicondylitis. The plan was for her to continue with a functional restoration program. Range of motion and muscle strength testing was recommended. An MRI of the cervical spine was also requested. She was to return to work with modified duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion muscle testing computerized tracker ROM:** 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, Flexibility

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back. Topic: Flexibility

**Decision rationale:** Neither the MTUS nor the ODG specifically address computerized range of motion testing of the upper extremities. The ODG does address computerized lumbar spine range of motion and states they do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers. Similarly, upper extremity range of motion testing can be accomplished with a goniometer. The visit note reports measurements of range of motion. There is no medical necessity for computerized range of motion testing.