

<b>Case Number:</b>	CM14-0196442		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 29-year old male with an injury date on 05/05/2014. Based on the 10/20/2014 moderately illegible hand written progress report provided by the treating physician, the diagnoses are: NOTE: if it were illegible 1. Lumbar spine sprain/strain r/o disc protrusion 2. Right shoulder sprain/strain r/o tendinitis 3. Right wrist/hand sprain/strain. According to this report, the patient complains of low back pain, right shoulder pain. Objective finding was hand written, relatively illegible. The 08/25/2014 report was also hand written, relatively illegible. The treatment plan is to request for chiropractic care, acupuncture therapy, and Computerized ROM & muscle test. The patient's condition is "remain off work until 11/25/2014. There were no other significant findings noted on this report. The utilization review denied the request for Computerized ROM testing for lumbar spine & right upper extremity on 10/28/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 05/20/2014 to 10/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized ROM testing for lumbar spine & right upper extremity:** 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

**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: Computerized range of motion (ROM)

**Decision rationale:** According to the 10/20/2014 report, this patient presents with low back pain, right shoulder pain. The current request is for Computerized ROM testing for lumbar spine & right upper extremity. The MTUS and ACOEM Guidelines do not address Computerized ROM testing; so ODG Guideline was referenced. ODG low back chapter states "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. 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." In this case, the requested Computerized ROM testing for the lumbar and shoulder is not supported by the guidelines. The current request is not medically necessary.