

<b>Case Number:</b>	CM15-0009274		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 01/31/2013. The mechanism of injury was repetitive motion. The documentation indicated the injured worker underwent elbow surgery on 09/04/2014, and again on 09/17/2014. The documentation of 11/06/2014 revealed the injured worker had pain in her elbow. The injured worker's pain was moderate in severity. The injured worker indicated she could not bend her elbow all the way, and could not use it to lift, pull, or push. The elbow range of motion was flexion 100 degrees, extension none, pronation 50 degrees, limited, supination 40 degrees. Neurologically, the injured worker was intact in the dermatome pattern of C6, C7, and C8. The diagnoses included left elbow medial and lateral epicondylitis, status post left elbow surgery in 09/04/2014, and status post surgery on the left elbow on 09/17/2014. The treatment plan included chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Computerized tracker ROM with protocols for left elbow ( Range of Motion and Muscle Testing): 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: Computerized Range of Motion (ROM) See flexibility.

**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, Flexibility.

**Decision rationale:** The Official Disability Guidelines indicate that flexibility testing should be part of a physical examination. There was a lack of documentation indicating a necessity for computerized range of motion. The request as submitted failed to necessitate computerized tracking range of motion. Given the above, the request for DME: computerized tracker ROM with protocols for left elbow (range of motion and muscle testing) is not medically necessary.