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| <b>Case Number:</b>   | CM15-0018131 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 12/09/2012 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 12/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47 year old woman sustained an industrial injury on 12/9/2012. The mechanism of injury is not detailed. Current diagnoses include cervical disc herniation with myelopathy, carpal tunnel syndrome, partial tear of right rotator cuff tendon, tendonitis and bursitis of the bilateral hands and wrists, and lateral and medial epicondylitis of the bilateral elbows. Treatment has included oral medications, physical therapy, acupuncture, and home exercise program. Physician notes on a PR-2 dated 12/26/2014 show pain to the right shoulder, bilateral elbows, bilateral hands and wrists, and cervical spine. Recommendations include advancement of activities of daily living and use of technology devices and adaptive equipment. On 12/31/2014, Utilization Review evaluated a prescription for a follow up visit with range of motion measurement testing and activities of daily living that was submitted on 1/30/2015. The UR physician noted that there is inconsistency regarding the requirement of computerized measurements, further manual measurements are more widely accepted. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with range of motion measurement testing and ADLs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 section, Computerized range of motion.

**Decision rationale:** Pursuant to the Official Disability Guidelines, follow-up visit with range of motion measurement testing and ADLs is not medically necessary. Computerized range of motion testing is not recommended as primary criteria, but to be part of the 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 chronic low back pain and perhaps for the current impairment guidelines of the American medical Association. In this case, the injured worker's working diagnoses are cervical disc herniation with myelopathy; carpal tunnel syndrome; partial tear rotator cuff tendon on the right; tendinitis/bursitis bilateral hands/wrists; medial epicondylitis bilateral elbows; and lateral epicondylitis bilateral elbows. The documentation from a December 26, 2014 progress note does not provide a specific clinical indication or rationale for computerized range of motion testing when range of motion testing through a routine musculoskeletal evaluation is readily available. Consequently, absent clinical documentation with a specific clinical indication and/or rationale for computerized range of motion testing, follow-up visit with range of motion measurement testing and ADLs is not medically necessary.