

<b>Case Number:</b>	CM15-0189161		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

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:

This injured worker is a 42 year old male who reported an industrial injury on 1-27-2015. His diagnoses, and or impressions, were noted to include: lumbago; cervical and lumbar spine musculoligamentous sprain-strain and myospasm; left shoulder arthralgia; right shoulder internal derangement; and right knee-ankle arthralgia. Recent magnetic resonance imaging studies of the right shoulder were done on 5-1-2015; the left shoulder and right ankle on 5-29-2015; and the cervical and lumbar spine on 7-3-2015. His treatments were noted to include: physical therapy; acupuncture treatments; consultation; medication management; and rest from work. The progress notes of 8-25-2015 reported a re-evaluation with complaints which included: persistent neck pain, rated 7 out of 10, which radiated to the bilateral shoulders; and low back pain, rated 7 out of 10, which radiated to the lower extremities. The objective findings were noted to include: spasms over the cervical spine, with sub-occipital tenderness and pain with range-of-motion; positive Foraminal compression test, aggravating his pain; tenderness and spasms of the lumbar spine with positive sciatic stretch test and pain on range-of-motion; and that no medical records were available for review. The physician's requests for treatment were noted to include that the injured worker would continue with his acupuncture for the next 6 weeks, as well as range-of- motion and muscle strength testing. The Request for Authorization, dated 8-25-2015, was noted to include range-of-motion and muscle testing, computerized tracker ROM from JTECH (illegible). The Utilization Review of 9-17-2015 non-certified the request for range-of- motion and muscle testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Treatment Index, Integrated Treatment /Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/17/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Flexibility.

**Decision rationale:** The 42 year old patient complains of persistent neck pain, rated at 7/10, radiating to bilateral shoulders, and lower back pain, rated at 7/10, radiating to lower extremities, as per progress report dated 08/25/15. The request is for Range of motion and muscle testing. The RFA for this case is dated 08/25/15, and the patient's date of injury is 01/27/15. Diagnoses, as per progress report dated 08/25/15, included lumbago, lumbar musculoligamentous sprain/strain, lumbar myospasm, cervical musculoligamentous sprain/strain, cervical myospasm, left shoulder arthralgia, right shoulder internal derangement, right knee arthralgia, and right ankle arthralgia. The patient is totally temporarily disabled, as per the same progress report. MTUS chronic pain guidelines 2009, page 48 and Functional improvement measures section states where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG Low Back Chapter, under Flexibility, states: Not recommended as a 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, a request for range of motion and muscle testing is noted in progress report dated 08/25/15. The treater does not provide any other detail. As per the Request for Authorization form, the treater is seeking computerized tracker ROM from JTECH. (remaining part of the request is illegible due to small print). The patient did undergo some range of motion testing, as indicated by the 08/25/15 report, which states that the patient experienced pain on range of motion in cervical spine and lumbar spine. It is not clear why the patient needs specialized testing again. Muscle testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request IS NOT medically necessary.