

<b>Case Number:</b>	CM15-0035422		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 29 year old female with an industrial injury dated July 23, 2012. The injured worker diagnoses include cervicothoracic strain, left shoulder impingement syndrome, left elbow ulnar nerve subluxation/neuritis and lumbosacral strain/facet arthrosis. She has been treated with diagnostic studies, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 2/3/2015, the treating physician noted that the injured worker had difficulty sitting very long, negative straight leg raising signs bilaterally and significant low back pain with testing. The treating physician prescribed Computerized Strength and Flexibility (CROM) to the cervical and lumbar spine. Utilization Review determination on February 10, 2015 denied the request for Computerized Strength and Flexibility (CROM) to the cervical and lumbar spine, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized Strength and Flexibility (CROM) to the Cervical and Lumbar Spine:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Lumbar and Thoracic, Computerized range of motion.

**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, Flexibility.

**Decision rationale:** According to ODG guidelines, computerized measure of lumbar range of motion is of unclear therapeutic value and the relationship between lumbar range of motion and ability to function is weak. There is no documentation that the patient developed cervical and lumbar dysfunction requiring computerized strength and flexibility. Therefore, the request is not medically necessary.