

<b>Case Number:</b>	CM14-0141303		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational Medicine 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 49-year-old female who has submitted a claim for s/p ACDF C5-C6 and C6-C7 herniated disc with radiculopathy, bilateral shoulder sprain/strain, left elbow sprain/strain, and bilateral hand sprain/strain/carpal tunnel syndrome associated with an industrial injury date of 12/16/2012. Medical records from 2/14/14 up to 8/1/14 were reviewed showing neck pain with radiations down to her left arm. Objective findings revealed tenderness over the cervical spine with muscle spasms. ROM was limited. Cervical compression and shoulder depression tests were positive. It was noted that the patient had an ROM and MMT done on 3/4/2014 and 7/1/2014. Treatment to date has included physical therapy, Ultram, Robaxin, Motrin, and TENS. Utilization review from 8/1/2014 denied the request for Diagnostic Test ROM and MMT. Neck, bilateral upper extremities. There is no documentation of the medical necessity for these tests; range of motion and muscle strength testing are considered part of a routine orthopedic examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Test ROM and MMT. Neck, bilateral upper extremities:** 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),

**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:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of ROM and MMT are not recommended as the results are of unclear therapeutic value. In this case, the patient was documented to have undergone 2 ROM and MMT tests on 3/4/2014 and 7/1/2014. It is unclear why the need for another one is requested. Furthermore, range of motion and muscle strength testing are considered part of a routine orthopedic examination. In addition, computerized measures of ROM and MMT are not recommended as per the guidelines. Therefore, the request for Diagnostic Test ROM and MMT. Neck, bilateral upper extremities is not medically necessary.