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| <b>Case Number:</b>   | CM14-0086771 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 04/04/2013 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 05/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/10/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, mid back pain, and wrist pain reportedly associated with cumulative trauma at work between the dates of April 4, 2012 through June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated May 1, 2014, the claims administrator retrospectively denied range of motion and muscle strength testing as noted on March 19, 2014. The claims administrator invoked non-MTUS ODG Guidelines in its denial, despite the fact that MTUS addressed the topic. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2014, the applicant presented reporting multifocal neck, low back, wrist, and shoulder pain with associated depression, anxiety, and insomnia. Prilosec, manipulative therapy, and an orthopedic surgery consultation were sought while the applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Range of Motion and Muscle Strength Testing (DOS 3/19/14): 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-3, page 170; 293.

**Decision rationale:** The range of motion and muscle testing performed on March 19, 2014 were not medically necessary, medically appropriate, or indicated here. The primary pain generators here are the neck, upper back, low back, and shoulder. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value." ACOEM Chapter 12, page 293, also recommends neurologic screening of an applicant through conventional manual muscle testing. By implication, thus, there was no supporting ACOEM for the formal computerized range of motion testing apparently performed here. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Similarly, ACOEM Chapter 8, Table 8-3, page 170 also suggests that an applicant's upper extremity motor function be tested manually. There is no supporting ACOEM for the former computerized range of motion and strength testing performed here on any of the body parts in question. Therefore, the request is not medically necessary.