

<b>Case Number:</b>	CM14-0212352		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/07/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back, low back, and wrist pain with derivative complaints of psychological stress and headaches reportedly associated with an industrial injury of May 7, 2003. In a Utilization Review Report dated December 9, 2014, the claims administrator retrospectively denied computerized range of motion and muscle testing performed on December 9, 2014. The claims administrator interpreted the request for computerized range of motion testing as computerized range of motion testing of the cervical and lumbar spines. Non-MTUS Guidelines were invoked, despite the fact that the MTUS addressed the topic. On February 21, 2013, the applicant did receive some anatomic impairment measurements (AKA computerized range of motion testing) some of which involved x rays, results of which were not clearly reported. On March 14, 2014, the applicant reported issues with alleged pulmonary nodules. The applicant was asymptomatic, however, it was acknowledged. The applicant was given diagnoses of hypertension, obstructive sleep, and pulmonary hypertension. CT scan of the thorax was endorsed to determine the extent of the applicant's nodules. The remainder of the file was surveyed. It did not appear that the November 10, 2014 computerized range of motion muscle testing was incorporated into the independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Computerized Range Of Motion and Muscle Between 11/10/2014 and 11/10/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Computerized Range of Motion (ROM). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic Acute & Chronic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): TABLE 8-8, PAGE 182, 170; TABLE 12-2, PAGE 292, 293.

**Decision rationale:** No, the computerized range of motion and muscle testing of the cervical and lumbar spines performed on November 10, 2014 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 293, range of motion measurements of the low back are of "limited value." Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170, also takes the position that range of motion measurements of the neck and upper back are likewise of "limited value" owing to the marked variation amongst applicants with and without symptoms. Both ACOEM Chapter 8, Table 8-2, and ACOEM Chapter 12, Table 12-2, suggests manual muscle testing of various muscle groups, including the hip flexors, knee extensors, foot plantar flexors, shoulder abductors, finger flexors, etc., as a means of accessing upper and/or lower extremity neurologic function. By implication, ACOEM does not, thus, support more formal computerized muscle testing, as apparently transpired here. It is further noted that the November 10, 2014 progress note in which the articles in questions were sought/performed was not incorporated into the independent medical review packet so as to try and offset the unfavorable ACOEM position on the same. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.