

<b>Case Number:</b>	CM15-0009396		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Arizona

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:

The injured worker is a 56-year-old male who reported an injury on 06/05/2013. On 01/23/2015, he presented for a followup evaluation. He reported pain in the right shoulder, low back, left hand, and wrist. He stated that he was not significantly improving and felt that he had completed all of his sessions of physiotherapy and acupuncture. A physical examination of the lumbar spine showed decreased range of motion with tenderness over the L4, L5, and S1 with paraspinous muscle spasms noted. An upper extremity examination showed decreased range of motion with tenderness over the acromioclavicular and over the posterior supraspinatus and infraspinatus muscle groups. Examination of the left wrist and hand showed unremarkable with the exception that the left hand had a 1+ soft tissue swelling on the dorsum of the hand. He had decreased range of motion with the left wrist and tenderness over the volar aspect of the distal radius and ulna. He had negative Tinel's and Finkelstein's signs and there was swelling of the left hand and fingers with tenderness over the dorsum and volar aspects of the distal metacarpophalangeal articulations and including the thumb. he was diagnosed with lumbar spine sprain and strain with radiculitis, right shoulder sprain and strain with clinical impingement, myospasms, right medial epicondylitis, right elbow sprain and strain, left wrist sprain and strain, medication induced gastritis, lumbar spine disc protrusion, right shoulder full thickness tendon tear, right shoulder osteoarthritis, and "right elbow encephalopathic". The treatment plan was for range of motion testing to an unspecified body part and muscle testing to an unspecified body part. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion Testing (unspecified body part):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Official Disability Guidelines do not recommend computerized muscle testing for evaluating range of motion or muscle strength. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and right upper extremity. However, there was a lack of documentation indicating the medical necessity of range of motion testing. Also, the body part that range of motion testing was to be performed on was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.