

<b>Case Number:</b>	CM15-0118943		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on February 26, 2014. The injured worker reported bilateral shoulder and elbow and left wrist injury. The injured worker was diagnosed as having bilateral lateral epicondylitis and left wrist pain. Treatment to date has included medication. A progress note dated April 23, 2015 provides the injured worker complains of right and left elbow and left wrist pain. Physical exam notes tenderness of the anterior and posterior bilateral elbows. There is tenderness on palpation of the dorsal and volar area of the left wrist. The plan includes range of motion (ROM) and muscle testing analysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand.

**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 section, Range of motion (ROM).

**Decision rationale:** Pursuant to the Official Disability Guidelines, range of motion is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured workers working diagnoses are right lateral epicondylitis; left lateral epicondylitis; and left wrist pain. The date of injury is February 26, 2014. The request for authorization is dated April 23, 2015. A progress note dated January 8, 2015 subjectively states the injured worker has right and left elbow pain and left wrist pain. Range of motion at the left elbow, right elbow and left wrist is thoroughly documented. According to an April 23, 2015 progress note, the worker subjectively has pain in the right elbow, left elbow and left wrist. There was no pain score. Objectively, there is tenderness palpation on or about the right elbow, left elbow and left wrist. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. There is no clinical rationale for range of motion testing, other than part of the routine objective musculoskeletal examination. Consequently, absent guideline recommendations for range of motion testing, range of motion is not medically necessary.

**Muscle testing analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Computerized muscle testing.

**Decision rationale:** Pursuant to the Official Disability Guidelines, muscle-testing analysis is not medically necessary. Computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there were no useful application of such a potentially sensitive computerized test. In this case, the injured worker's working diagnoses are right lateral epicondylitis; left lateral epicondylitis; and left wrist pain. The date of injury is February 26, 2014. The request for authorization is dated April 23, 2015. A progress note dated January 8, 2015 subjectively states the injured worker has right and left elbow pain and left wrist pain. Range of motion at the left elbow, right elbow and left wrist is thoroughly documented. According to an April 23, 2015 progress note, the worker subjectively has pain in the right elbow, left elbow and left wrist. There was no pain score. Objectively, there is tenderness palpation on or about the right elbow, left elbow and left wrist. Computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the

extremities. Consequently, absent guideline recommendations for muscle testing analysis, muscle-testing analysis is not medically necessary.