

<b>Case Number:</b>	CM15-0122869		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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  
 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 57-year-old male who sustained an industrial /work injury on 2/17/14. He reported an initial complaint of pain in right shoulder and right elbow. The injured worker was diagnosed as having lumbosacral myoligamentous sprain and strain, patellofemoral pain syndrome of bilateral knees, rule out meniscal injury of left knee, and rule out meniscal tear versus osteochondral injury of the right knee, impingement syndrome right shoulder, and lateral epicondylitis/bursitis right elbow. Treatment to date includes medication, physical therapy, and diagnostics. MRI results of the right shoulder were reported on 12/15/14. X-ray results were reported on 1/7/15 of the right elbow. Currently, the injured worker complained of constant right shoulder pain rated 7/10 with numbness and tingling in the elbow that occasionally becomes swollen. Per the primary physician's report (PR-4) on 4/8/15, exam revealed tenderness to palpation of the right coracoid process and long head of the biceps, positive Neer's test to the right, pain with range of motion of the right shoulder in flexion and abduction, 5/5 muscle strength, tenderness of the right elbow lateral epicondyle, positive Tinel's to the right, normal dermatomes of bilateral upper extremities. The requested treatments include (ROM) Range of Motion testing, Low Back, Bilateral Knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(ROM) Range of Motion testing, Low Back, Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

**Decision rationale:** Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The (ROM) Range of Motion testing, Low Back, Bilateral Knees is not medically necessary and appropriate.