

<b>Case Number:</b>	CM15-0127371		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 (IW) is a 57-year-old male who sustained an industrial injury on 05/13/2013. Diagnoses include cervical disc herniation without myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; bursitis and tendinitis of the shoulders; lateral epicondylitis of the right elbow; tendinitis/bursitis of the right hand/wrist; and carpal tunnel syndrome, right wrist. Treatment to date has included medications, activity modifications, epidural injections, acupuncture and physical therapy. According to the progress notes dated 6/2/15, the IW reported moderate tingling pain in the right shoulder; frequent, moderate to severe aching, sharp pain in the right elbow; frequent severe aching pain in the right wrist and hand; frequent severe aching pain in the cervical and lumbar spine; and frequent moderate aching pain in the thoracic spine. He also had complaints of testicular pain and headaches. On examination, there was tenderness and spasms in the paraspinal muscles, the bilateral suboccipital muscles, bilateral upper shoulder muscles and the muscles of the upper extremities. In the cervical spine, distraction test and shoulder depression test were positive on the right. In the lumbar spine, Kemp's and Yeoman's tests were positive bilaterally and the left Achilles reflex was decreased. Supraspinatus test was positive on the right shoulder and Cozen's test was positive at the right elbow. Bracelet test and Phalen's sign were positive at the right wrist. Handgrip strength on the right was decreased by half-compared to the left. An MRI of the lumbar spine on 12/11/14 showed disc protrusion at L5-S1 resulting in abutment of the descending right S1 nerve root; foraminal disc protrusion at L4-5 with mild narrowing of the left neural foramen; and a posterior annular tear at L4-5 and L5-S1. A cervical spine MRI on

12/10/14 showed midline disc bulging at C3-4 and C6-7; mild endplate degenerative changes; and no central canal narrowing. A request was made for ROM/ADL (range of motion/activities of daily living) assessment for the spine, right shoulder/elbow/wrist and hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ROM/ADL Assessment for The Spine, Right Shoulder/Elbow/Wrist and Hand:** 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), Low Back chapter, ROM.

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

**Decision rationale:** MTUS, ODG, or AMA Guides do not support computerized ROM testing. 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. In addition, per ODG, the relation between back range of motion measures and functional ability is weak or nonexistent. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM and ADL evaluation outside recommendations from the Guidelines has not been established. The ROM/ADL Assessment for The Spine, Right Shoulder/Elbow/Wrist and Hand is not medically necessary and appropriate.