

Case Number:	CM15-0094149		
Date Assigned:	05/20/2015	Date of Injury:	07/13/2011
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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 38 year old male who sustained an industrial injury on 7/13/11 when he was splashed with chemicals and experienced a burning sensation causing him to twist resulting in immediate injury to his neck, upper back, lower back, right shoulder, left hand, leg ankle, foot. He received upper and lower extremity electrodiagnostic studies, physical modalities, prescription medication, injection treatment and surgery. He had a post-operative cervical MRI which showed no acute pathology. His diagnoses were cervical sprain/ strain; lumbar sprain/ strain; herniated nucleus pulposus at L5-S1 resulting in right sided radicular symptoms, status post L5-S1 microdiscectomy (5/10/13); persistent bilateral lower extremity radicular symptoms; right shoulder sprain/ strain; right shoulder subacromial impingement; possible labral tear, right shoulder; contact dermatitis right and left hand. Currently he complains of sharp stabbing neck pain that radiates to upper back; upper back pain is non-radiating and lower back pain (9/10) radiates to the feet; right shoulder pain is non-radiating (6-7/10); left hand, leg, ankle/ foot pain is sharp and non-radiating. He has numbness and tingling of the right shoulder, elbows, hands, hips and feet. On physical exam the cervical spine has decreased range of motion; right shoulder has decreased range of motion and tenderness in the anterolateral area; there was tenderness of the thoracic and paraspinal muscles; positive straight leg raise on the right; hands have eczematous ulcerations. Medications are Dexilant; Gaviscon; Simethicone, Amitiza, gabapentin, naproxen, omeprazole, and topical creams. Diagnoses include cervical sprain/ strain; lumbar sprain/ strain; herniated nucleus pulposus at L5-S1 resulting in right sided radicular symptoms, status post L5-S1 microdiscectomy (5/10/13); persistent bilateral lower extremity radicular symptoms; right shoulder sprain/ strain; right shoulder subacromial impingement; possible

labral tear, right shoulder; contact dermatitis right and left hand; abdominal pain; acid reflux; constipation; bright red blood per rectum. Treatments to date include medications; physical therapy; home exercise program. Diagnostics include lumbar MRI (8/20/14) showing 4mm posterior osteophyte disc complex narrowing inferior recess of neural foramen bilaterally. On 4/27/15 the treating provider's plan of care includes requests for digital electronic range of motion testing in order to identify and objectify measurable losses of joint motion; digital electronic myometry in order to identify and objectify any directly measurable losses of motor strength; digital electronic grip strength testing to identify and objectify any measurable losses of grip strength; complex sensory testing in order to identify and objectify any directly measurable sensory deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital electronic ROM testing: 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, Lumbar & Thoracic (Acute & Chronic) - Computerized range of motion (ROM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Functional improvement measures.

Decision rationale: The patient presents on 01/09/15 with neck pain, upper back pain, lower back pain, right shoulder pain, left hand pain, left leg pain, and left ankle/foot pain; pain ratings are not provided. The patient's date of injury is 07/13/11. Patient is status post microdiscectomy at L5-S1 levels on 05/10/13, and status post right shoulder arthroscopy on 08/06/14. The request is for DIGITAL ELECTRONIC ROM TESTING. The RFA was not provided. Physical examination dated 01/09/15 reveals trigger points in the right trapezius and supraspinatus muscles. Upper extremity examination reveals tenderness to the anterolateral right shoulder primarily in the subacromial bursa, and pain elicitation with anterior rotation of the humeral head. Lower back examination reveals tenderness to palpation from L4 to S1 bilaterally, positive lumbar facet loading bilaterally, reduced sensation in the bilateral posterior thighs/calves/feet. The provider also notes a positive straight leg raise on the right. The patient is currently prescribed. Diagnostic imaging was not included; though progress note dated 01/09/15 recalls lumbar MRI dated 08/20/14 as showing "4mm posterior osteophyte disc complex narrowing inferior recess of neural foramen bilaterally. Post surgical changes seen with L5-S1 laminectomy and enhancing epidural scarring ventral to the thecal sac primarily on the right..." Patient is currently not working. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In regard to the computerized range of motion testing of an

unspecified joint (or joints), the request is excessive. Progress notes document that this patient has not undergone any ROM testing to date, outside of routine physical examinations. While this patient presents with a number of chronic pain complaints, it is not clear from the documentation provided how such testing is to improve the course of care. In an undated "Medical-Legal evaluation testing request" it is stated that this digital electronic test - and those associated with it - are to be used to identify directly measurable abnormalities to joint motion, strength, grip strength, and sensation. Such tests are generally performed manually during routine examinations, it is not clear how digital electronic versions of these examinations can offer any benefits above and beyond a what could be accomplished via traditional methods. Therefore, the request IS NOT medically necessary.

Digital electronic myometry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Functional improvement measures.

Decision rationale: The patient presents on 01/09/15 with neck pain, upper back pain, lower back pain, right shoulder pain, left hand pain, left leg pain, and left ankle/foot pain; pain ratings are not provided. The patient's date of injury is 07/13/11. Patient is status post microdiscectomy at L5-S1 levels on 05/10/13, and status post right shoulder arthroscopy on 08/06/14. The request is for DIGITAL ELECTRONIC MYOMETRY. The RFA was not provided. Physical examination dated 01/09/15 reveals trigger points in the right trapezius and supraspinatus muscles. Upper extremity examination reveals tenderness to the anterolateral right shoulder primarily in the subacromial bursa, and pain elicitation with anterior rotation of the humeral head. Lower back examination reveals tenderness to palpation from L4 to S1 bilaterally, positive lumbar facet loading bilaterally, reduced sensation in the bilateral posterior thighs/calves/feet. The provider also notes a positive straight leg raise on the right. The patient is currently prescribed. Diagnostic imaging was not included; though progress note dated 01/09/15 recalls lumbar MRI dated 08/20/14 as showing "4mm posterior osteophyte disc complex narrowing inferior recess of neural foramen bilaterally. Post surgical changes seen with L5-S1 laminectomy and enhancing epidural scarring ventral to the thecal sac primarily on the right..." Patient is currently not working. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures has the following: "The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education." In regard to the computerized myometry of an unspecified muscle (or muscles), the request is excessive. Progress notes document that this patient has not undergone any myometry to date. While this patient presents with a number of chronic pain complaints, it is not clear from the documentation provided how such testing is to improve the course of care. In an undated "Medical-Legal evaluation testing request" it is stated that this digital electronic test -

and those associated with it - are to be used to identify directly measurable abnormalities to joint motion, strength, grip strength, and sensation. Such tests are generally performed manually during routine examinations, it is not clear how digital electronic versions of these examinations can offer any benefits above and beyond a what could be accomplished via traditional methods. Therefore, the request IS NOT medically necessary.

Digital electronic grip test computer digital analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Functional improvement measures.

Decision rationale: The patient presents on 01/09/15 with neck pain, upper back pain, lower back pain, right shoulder pain, left hand pain, left leg pain, and left ankle/foot pain; pain ratings are not provided. The patient's date of injury is 07/13/11. Patient is status post microdiscectomy at L5-S1 levels on 05/10/13, and status post right shoulder arthroscopy on 08/06/14. The request is for DIGITAL ELECTRONIC GRIP TEST COMPUTER DIGITAL ANALYSIS. The RFA was not provided. Physical examination dated 01/09/15 reveals trigger points in the right trapezius and supraspinatus muscles. Upper extremity examination reveals tenderness to the anterolateral right shoulder primarily in the subacromial bursa, and pain elicitation with anterior rotation of the humeral head. Lower back examination reveals tenderness to palpation from L4 to S1 bilaterally, positive lumbar facet loading bilaterally, reduced sensation in the bilateral posterior thighs/calves/feet. The provider also notes a positive straight leg raise on the right. The patient is currently prescribed. Diagnostic imaging was not included; though progress note dated 01/09/15 recalls lumbar MRI dated 08/20/14 as showing "4mm posterior osteophyte disc complex narrowing inferior recess of neural foramen bilaterally. Post surgical changes seen with L5-S1 laminectomy and enhancing epidural scarring ventral to the thecal sac primarily on the right..." Patient is currently not working. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures has the following: "The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education." In regard to the computerized grip testing and analysis of an unspecified hand, the request is excessive. Progress notes document that this patient has not undergone any grip testing to date. While this patient presents with a number of chronic pain complaints, it is not clear from the documentation provided how such testing is to improve the course of care. In an undated "Medical-Legal evaluation testing request" it is stated that this digital electronic test - and those associated with it - are to be used to identify directly measurable abnormalities to joint motion, strength, grip strength, and sensation. Such tests are generally performed manually during routine examinations, it is not clear how digital electronic versions of these examinations can offer any benefits above and beyond a what could be accomplished via traditional methods. Therefore, the request IS NOT medically necessary.

Computerized sensory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Functional improvement measures.

Decision rationale: The patient presents on 01/09/15 with neck pain, upper back pain, lower back pain, right shoulder pain, left hand pain, left leg pain, and left ankle/foot pain; pain ratings are not provided. The patient's date of injury is 07/13/11. Patient is status post microdiscectomy at L5-S1 levels on 05/10/13, and status post right shoulder arthroscopy on 08/06/14. The request is for COMPUTERIZED SENSORY TESTING. The RFA was not provided. Physical examination dated 01/09/15 reveals trigger points in the right trapezius and supraspinatus muscles. Upper extremity examination reveals tenderness to the anterolateral right shoulder primarily in the subacromial bursa, and pain elicitation with anterior rotation of the humeral head. Lower back examination reveals tenderness to palpation from L4 to S1 bilaterally, positive lumbar facet loading bilaterally, reduced sensation in the bilateral posterior thighs/calves/feet. The provider also notes a positive straight leg raise on the right. The patient is currently prescribed. Diagnostic imaging was not included; though progress note dated 01/09/15 recalls lumbar MRI dated 08/20/14 as showing "4mm posterior osteophyte disc complex narrowing inferior recess of neural foramen bilaterally. Post surgical changes seen with L5-S1 laminectomy and enhancing epidural scarring ventral to the thecal sac primarily on the right..." Patient is currently not working. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures has the following: "The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education." In regard to the computerized sensory testing and analysis of an unspecified body part, the request is excessive. Progress notes document that this patient has not undergone any sensory testing to date, outside of routine examination. While this patient presents with a number of chronic pain complaints, it is not clear from the documentation provided how such testing is to improve the course of care. In an undated "Medical-Legal evaluation testing request" it is stated that this computerized test - and those associated with it - are to be used to identify directly measurable abnormalities to joint motion, strength, grip strength, and sensation. Such tests are generally performed manually during routine examinations, it is not clear how digital electronic versions of these examinations can offer any benefits above and beyond a what could be accomplished via traditional methods. Therefore, the request IS NOT medically necessary.