

Medical Necessity

This patient's computerized physical performance evaluation is being re-administered as outlined in the established treatment plan to measure the patient's progress during this course of care. Objective measurements are medically necessary to determine the patient's response to treatment by documenting functional progress. These results show the patient is responding to treatment and will benefit from further intervention. Please review the attached progress report graphs. The treatment plan has been modified to reflect status and (on-going/continuing) care is medically necessary to reach established goals.

Range of Motion - Inclinometry

Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

Cervical ROM	Norm	Result	Difference	% Norm
Cervical Flexion	50°	71°	21°	142%
Cervical Extension	60°	27°	33°	45%

Thoracic ROM	Norm	Result	Difference	% Norm
Thoracic Minimum Kyphosis	-	33°	-	-
Thoracic Flexion	45°	26°	19°	58%

Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

Spine Range of Motion Progress

Cervical Recent Change	Norm	Previous Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Cervical Flexion	50°	9/16/2013	66°	132%	71°	142%	8%
Cervical Extension	60°	9/16/2013	43°	72%	27°	45%	-37%

Thoracic Recent Change	Norm	Previous Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Thoracic Minimum Kyphosis	-	9/16/2013	22°	-	33°	-	50%
Thoracic Flexion	45°	9/16/2013	49°	109%	26°	58%	-47%

Cervical Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Cervical Flexion	50°	9/16/2013	66°	132%	71°	142%	8%
Cervical Extension	60°	9/16/2013	43°	72%	27°	45%	-37%

Initial Exam	Current
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