

<b>Case Number:</b>	CM13-0017078		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year-old female with a 12/01/09 industrial injury claim. The IMR application shows a dispute with the 8/20/13 UR decision, which is from HDI and recommends against computerized ROM testing. The HDI review was based on the 7/12/13 medical report from [REDACTED]. Unfortunately, the 7/12/13 medical report from [REDACTED] was not provided in the medical records for this IMR. In fact, there are no medical records from [REDACTED] from 2013 and no current medical records from 2013 available for this IMR. The records appear to be from 7/11/12 through 11/26/12 from [REDACTED]. According to the 11/26/12 report, the patient's diagnoses are: right shoulder s/p MUA and arthroscopic labral debridement, biceps tenotomy, SAD, Mumford and RCR and postoperative adhesive capsulitis; right wrist strain; compensatory cervical strain; left shoulder compensatory strain with impingement syndrome, possible RC tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized range of motion (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, Treatment in Worker's Comp 18th edition, 2013 Updates, Low Back, Computerized ROM/Flexibility.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 200.

**Decision rationale:** The Physician Reviewer's decision rationale: According to MTUS/ACOEM, the range of motion testing for the shoulders is a routine part of the regional shoulder examination. Computerized ROM testing as a separate procedure is not discussed in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (C) Nationally recognized professional standards. The AMA guides are used in California for impairment rating of the shoulders, and AMA guides require measuring shoulder ROM with goniometers, so computerized testing is not necessary. There was no rationale provided for this IMR to suggest that deviating from the States guidelines is necessary.