

<b>Case Number:</b>	CM13-0038317		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and Pain Management, 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:

The patient is a 52-year-old female with date of injury on 12/06/2008. The progress report dated 08/08/2013 by [REDACTED] indicates that the patient's diagnoses include: Left shoulder strain/sprain, left shoulder impingement syndrome. The patient continues with left shoulder pain. The record indicates that patient has recently decided not to undergo shoulder surgery. Objective findings include ongoing tenderness over the anterior and lateral deltoid. Pain associated with range of motion. Positive impingement sign, positive Neer's. MRI findings from 05/03/2013 revealed very small partial thickness tear on the mid posterior supraspinatus tendon. Tendon of long head of biceps is not identified and is likely torn. A request was made for computerized strength and flexibility range of motion assessment using inclinometers. This request was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Computerized Strength and Flexibility (ROM) assessment using inclinometers between 8/8/13 and 11/29/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines- Forearm, Wrist, Wrist & Hand (Acute & Chronic).

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

**Decision rationale:** The patient continues with left shoulder pain. Exam findings indicate that patient has continued pain on range of motion testing. ACOEM chapter 9 page 200 regarding physical examination for shoulders states that range of motion is part of the routine examination. The range of motion of the shoulder should be determined actively and passively. The examiner may determine passive range of motion by eliminating gravity in the pendulum position or by using the other arm to aid elevation. The request for computerized strength and flexibility range of motion assessment does not appear to be reasonable. Recommendation is for denial.