

<b>Case Number:</b>	CM13-0038606		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/11/2013
<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 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 44-year-old male who reported a work related injury on 01/04/2011, specific mechanism of injury not stated. The patient presents for treatment of cervical spine and left shoulder pain complaints. The patient is subsequently status post left shoulder rotator cuff repair as of 01/19/2013. The clinical note dated 08/06/2013 reports the patient was seen under the care of [REDACTED]. The provider documents orthopedic permanent and stationary report of the patient. The provider documents the patient has completed his treatment postoperatively for a left shoulder arthroscopic mini open rotator cuff repair as of 01/19/2013. The provider documented the patient had reached maximum medical improvement as of 08/06/2013, and was discharged with no permanent restrictions. The provider documented anatomical alignment of the shoulders was well preserved. Range of motion to the left shoulder was at 160 degrees flexion, 30 degrees extension, 60 degrees internal rotation, 60 degrees external rotation, 160 degrees adduction and 30 degrees abduction. The patient's motor strength was 5/5 throughout the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized strength & flexibility (ROM) assessments to bilateral shoulders and bilateral upper extremity:** 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, 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 (ODG) Low back chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review does not evidence a specific rationale for the requested intervention status post the patient having been deemed permanent and stationary, with maximum medical improvement as of 08/16/2013. There was no documentation evidencing how computerized strength and flexibility assessments to the bilateral upper extremities/shoulders would change the patient's course of future treatment. Official Disability Guidelines indicate this intervention is not recommended as primary care criteria; however, it should be part of a routine musculoskeletal evaluation. Given all the above, the request for computerized strength and flexibility (ROM) assessments to bilateral shoulders and bilateral upper extremity is not medically necessary or appropriate.