

Case Number:	CM13-0041291		
Date Assigned:	12/20/2013	Date of Injury:	10/04/2011
Decision Date:	02/19/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine, Pulmonary Diseases 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 55 year old female who reportedly had a work related injury 10/04/2011. The mechanism of injury was not provided but the patient reportedly injured right shoulder and right wrist. As reported on 10/01/2013, the patient reportedly had neck sprain; shoulder impingement; lateral epicondylitis; lumbar sprain. Treatment included ESWT on 01/10/2013 to the bilateral wrists, diagnostics and medications. NCV testing on 08/09/2012 revealed normal results bilaterally and EMG performed on 08/02/2012 was a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 range of motion measurement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: CA MTUS/ACOEM states physical impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits) should include objective measures of clinical exam findings. Range of motion should be in documented in degrees. The CA MTUS guidelines recommend 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. There is no clinical information to indicate any significant functional deficits and change in work functions and activities of daily living. As such, the requested service is non-certified.