

Case Number:	CM13-0047442		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	02/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/02/2013

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:

This 54 year-old female sustained an injury on 4/2/12 while employed by [REDACTED]. Request under consideration include a computerized strength and flexibility (ROM) assessments. Report of 9/18/13 from [REDACTED] noted the patient has been diligently performing a home exercise program that consists of stretching exercises and wall walk, using the doorframe with minimal flexibility improvement. The patient has deferred shoulder surgery at this time. Complaints include left side neck pain and left shoulder pain increased since last office visit. Exam of neck showed tenderness of cervical spine left side sternocleidomastoid region; tenderness left shoulder head of humeral region and subacromial region; 4/5 supraspinatus strength. Diagnoses include left shoulder s/p manipulation under anesthesia with arthroscopic capsular release, SAD, rotator cuff repair, and biceps decompression; cervical thoracic arthrosis with central foraminal stenosis. Treatment plan for computerized strength and Flexibility (ROM) assessment was non-certified on 10/31/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength and flexibility (ROM) assessments, functional measures for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This 54 year-old female sustained an injury on 4/2/12 while employed by [REDACTED]. Report of 9/18/13 from [REDACTED] noted complaints including left side neck pain and left shoulder pain increased since last office visit. Exam of neck showed tenderness of cervical spine left side sternocleidomastoid region; tenderness left shoulder head of humeral region and sub-acromial region; 4/5 supraspinatus strength. Diagnoses included left shoulder s/p manipulation under anesthesia with arthroscopic capsular release, SAD, rotator cuff repair, and biceps decompression; cervical thoracic arthrosis with central foraminal stenosis. Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The computerized strength and flexibility (ROM) assessments, functional measure for the left shoulder are not medically necessary and appropriate.