

Case Number:	CM13-0070378		
Date Assigned:	01/08/2014	Date of Injury:	08/30/2013
Decision Date:	08/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 expert 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 injured worker is a 24-year-old-male sustained industrial injuries on 12/01/2012; during the course of his employment as a material handler for [REDACTED] and also on 8/30/2013, while he was doing his customary duties, a maintenance worker dropped a tool and it fell on the left side of his upper back. He complains of on and off upper back pain, which is rated as a 7/10. He states the pain radiates to the left side of his shoulder, shoulder blade, and arm. The is worse with prolonged standing. The pain increases in the morning, and decreases at night. The patient complains of constant left shoulder pain, which he rates as an 8/10. He states that the pain radiates to the left side of his upper back with associated numbness and tingling sensation. On cervical spine examination he had tenderness to palpation with spasm of the left upper trapezius muscles. On left shoulder/upper arm examination patient had tenderness to palpation with spasms on his left upper trapezius muscle and the left rhomboid and tenderness to palpation on the left AC joint. On examination of range of motion of the shoulder abduction revealed 45 degrees, flexion 55 degrees, extension 20 degrees, adduction 25 degrees, internal rotation 30 degrees and external rotation 60 degrees. ROM of the cervical spine was flexion 40, extension 10, bilateral flexion 20, right rotation 55 and left rotation 35 degrees. Sensation was intact. Orthopedic tests were positive impingement and apprehension signs. Lower extremity examination of right ankle/foot was normal. There was full range of motion with no tenderness to palpation. Medications were given are Cyclobenzaprine 10mg #30, naproxen 550mg #60, and pantoprazole 20mg # 30 and prescribe transdermal compounds. Diagnoses were left shoulder sprain/strain/clinical impingement, Cervical spine strain/strain, Myospasms, Levator scapulae syndrome. Plan: MRI of the left shoulder, left scapula, and cervical spine. Also chiropractic treatment which included supervised physiotherapy twice a week for 6 weeks. A

request for acupuncture at 2 times a week for 6 weeks, as well as range of motion and muscle strength testing. Based on the clinical information submitted for review the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp, Tracker Range of Motion & Muscle Testing for the cervical spine and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Range of Motion and Muscle Testing.

Decision rationale: CA MTUS / ACOEM guidelines do not address this issue. ODG guidelines were consulted. Per guidelines, range of motion and muscle testing are essential part of any musculoskeletal / spine examination. Computerized assessment of ROM or strength has little value, if any in the clinical setting, but may be used in research studies. Instead, assessment of ROM and strength are accurately done using goniometer and inclinometer. Furthermore, there is no mention of specific reason for this request. Therefore, the medical necessity of the request cannot be established at this time.