

Case Number:	CM14-0102402		
Date Assigned:	07/30/2014	Date of Injury:	11/28/2008
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics is licensed to practice in New York. 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 51 year old woman with a date of injury of 11/28/08. She was seen by her primary treating physician on 6/13/14 with complaints of neck and shoulder pain. Her pain worsened with overhead activities and repetitive motions. She also had pain in her back and wrists. Her physical exam was significant for tenderness over the paraspinal cervical muscles with 5/5 motor testing in her upper extremities. Her neck range of motion was normal as were her upper extremity reflexes. Her right and left shoulder had positive Neer's and Hawkin's test and AC joint compression test. Range of motion was tested to all of her joints and spine. Her diagnosis was right and left shoulder impingement syndrome and degenerative disc disease cervical spine. She underwent a steroid injection to her right shoulder. At issue in this review is the retrospective request for a range of motion test to her right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Range of Motion Test DOS: 6/13/14: 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) Shoulder/Shoulder physical exam tests/range of motion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 200.

Decision rationale: The injured worker is a 51 year old woman has chronic neck and shoulder pain. At issue is the non-specific request for retrospective range of motion testing, obtained on 6-13-14. Due to the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. With regards to shoulder range of motion, this can be accomplished on physical exam and the examiner may determine passive ROM by eliminating gravity in the pendulum position or by using the other arm to aid elevation. The authorization request for range of motion testing lacks specificity and the records do not substantiate medical necessity for this procedure. This request is deemed not medically necessary.