

<b>Case Number:</b>	CM14-0105636		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/24/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 57 year-old female with a date of injury of 11/24/2008. The patient allegedly sustained an industrial injury to her left shoulder on a continuous trauma basis from September 1, 2008 to November 24, 2008, while at work. She complains of left shoulder pain radiating to the forearm. She has tightness, stiffness, weakness and loss of range of motion. Her pain is aggravated by reaching above shoulder level or behind the back, forceful pushing and pulling, keyboarding, getting dressed and driving. She had an AC resection and removal of abnormal bone growth along the humeral shaft. Patient had multiple surgeries to the left shoulder (5), trigger finger to the left hand 2012, she had tendon repair 2006. Current medications include Lorazepam, and Ibuprofen. Patient has had physical therapy two (2) times a week for (4) weeks, for therapeutic exercises (ROM, strength, endurance, stability), therapeutic activity (transfers, bed mobility, ADL specific), neuromuscular rehabilitation, manual therapy (soft tissue mobilization, joint mobilization, spinal mobilization, manual traction, myofascial release, muscle energy techniques, manual resistive exercise), (home exercise program, postural training, ergonomics, lifting mechanics, activity modification). To improve (pain relief, decrease inflammation, increase blood flow, improve tissue healing), electrical stimulation (interferential, other, TENS), cryotherapy (ice pack, duration: 10 minutes). On exam, she has mild ROM restrictions and moderate soft tissue restrictions and strength deficits. Prescription for functional measures dated 06/03/2014 by Timothy J. Hunt, MD; referral for computerized strength & flexibility (ROM) assessment using inclinometers, with report & analysis; bilateral shoulders & upper extremities. Diagnoses are left shoulder status post five surgeries, including chondroplasty of the humeral head, microfracture chondroplasty of the glenoid, SLAP repair, open subpectoralis biceps tenodesis, rotator cuff repair, revision subacromial decompression, mumford procedure and debridement of the seroma. Status post open distal clavicle excision and open

excision of heterotopic ossification of the proximal humerus on 06/19/2013; status post left ring, index and thumb trigger digit releases; right ring trigger finger. Utilization review determination for computerized strength and flexibility (ROM) for bilateral shoulders and upper extremities was denied due to 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) for bilateral shoulders and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workman's Compensation (TWC), Work Loss Data Institute, 12th Edition, 2014, Shoulder Chapter, Forearm, Wrist and Hand Chapter, and Neck Chapter, Computerized Range of Motion (ROM), Flexibility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS/ACOEM guidelines do not address this issue. The ODG was 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 performed using goniometer and inclinometer. Furthermore, there is no mention of specific reason for this request. Therefore, this request is considered not medically necessary at this time.