

<b>Case Number:</b>	CM14-0106199		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58 year old male who reported an injury on 10/02/2009 with an unknown mechanism of injury. The injured worker was diagnosed with status post bilateral shoulder surgery. The injured worker was treated with surgery, medications, and joint injections. Diagnostic studies included an MRI, the date, site, and results of which were not provided and an arthrogram of the shoulder on 01/14/2014. The injured worker had bilateral arthroscopic shoulder surgery; dates not provided. On the clinical note dated 5/14/2014, the injured worker complained of bilateral shoulder pain. The injured worker had a positive Neer's and Hawkin's signs, full range of motion to the left shoulder, and supraspinatus strength was 5/5 with pain. The medical records did not indicate the injured worker's medication regimen. The treatment plan was for Computerized Strength and Flexibility range of motion assessments to bilateral shoulders, upper extremities. The rationale for the request was not indicated. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Computerized Strength and Flexibility range of motion assessments to bilateral shoulders ,upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Chapter: Shoulder,Range of Motion, Chapter ; Low Back -Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Forearm, Wrist, Hand; Flexibility & Computerized muscle testing.

**Decision rationale:** The request for 1 Computerized Strength and Flexibility range of motion assessments to bilateral shoulders, upper extremities is not medically necessary. The injured worker is diagnosed with status post bilateral shoulder surgery. The injured worker has positive Neer's and Hawkin's signs, full range of motion to the left shoulder, and supraspinatus strength was 5/5 with pain. The Official Disability Guidelines states that flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. The guidelines do not recommend computerized measures of range of motion which can be done with inclinometers, and where the result is of unclear therapeutic value. The guidelines also state that computerized muscle testing is not recommended. The guidelines do not recommend the use of computerized strength, flexibility, and range of motion testing. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation which indicates the injured worker's need for computerized testing rather than testing with an inclinometer. As such, the request for 1 Computerized Strength and Flexibility range of motion assessments to bilateral shoulders, upper extremities is not medically necessary.