

Case Number:	CM14-0117538		
Date Assigned:	08/06/2014	Date of Injury:	08/05/2013
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 & 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 30-year-old female who reported an injury on 08/05/2013. The mechanism of injury was not specifically stated. The current diagnoses include left shoulder tendinitis and right shoulder sprain. The injured worker was evaluated on 07/07/2014 with complaints of neck and bilateral shoulder pain. Physical examination revealed limited range of motion of the bilateral shoulders. Treatment recommendations included computerized range of motion and muscle testing. A Request for Authorization form was then submitted on 07/07/2014 for an orthopedic consultation and computerized range of motion testing of the cervical spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion of the Cervical Spine and upper extremities # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The primary treating physician's progress report submitted for this review is handwritten and mostly illegible. There is no documentation of a significant functional limitation with regard to the cervical spine and the bilateral upper extremities. There is no mention of an exhaustion of conservative treatment. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. The medical necessity for the requested range of motion testing has not been established. As such, the request for Computerized Range of Motion of the Cervical Spine and upper extremities # 1 is not medically necessary.