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| Case Number: | CM14-0123085 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 04/04/2014 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 32-year-old male who reported injury on 04/04/2014 reportedly while he was moving down with a rope on a tree the injured worker experienced sharp, hot, left shoulder pain; however, he continued to work despite the pain. The injured worker's treatment history included x-rays, medications, MRI studies, and physical therapy. The injured worker was evaluated on 06/24/2014 and it was documented the injured worker complained of left shoulder pain. Physical examination revealed range of motion upper extremity shoulder internal rotation left was 0 degrees, extension was 0 degrees, shoulder flexion left active was 37 degrees, right active was 21 degrees, shoulder extension was 51 degrees, shoulder adduction was 49 and shoulder abduction was 30 degrees. Diagnosis included left shoulder strain. Medications included Voltaren and omeprazole. The request for authorization dated 06/24/2014 was for computerized range of motion of the left upper extremity/left shoulder. However, the rationale was not submitted for this review.

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 left upper extremity/left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 200-201.

Decision rationale: The request for computerized range of motion of the left upper extremity/left shoulder is not medically necessary. According to California MTUS/ACOEM Guidelines, range of motion of the shoulder should be determined actively and passively. The examiner may determine passive range of motion by eliminating gravity in the pendulum position or by using the other arm to aid elevation. Atrophy of the deltoid or scapular muscles is an objective finding but arises only after weeks to months of symptoms. The guidelines state once all other diagnoses have been ruled out, without any specific indications for need for computer-assisted range of motion measurements, there is no need to do such a test. Additionally, the documentation submitted lacked evidence of outcome measurements of physical therapy measures and home exercise regimen. As such, the request is not medically necessary.