

<b>Case Number:</b>	CM14-0131984		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Preventive 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:

According to the records made available for review, this is a 46-year-old female with a 2/5/13 date of injury. At the time (7/8/14) of the request for authorization for range of motion, there is documentation of subjective (neck pain that radiates to bilateral upper extremities, right elbow, left shoulder pain, low back pain that radiates to right buttock and ankle) and objective (none specified) findings. The current diagnoses are slip & fall, rule out left shoulder internal derangement status post arthroscopic surgery, cervical spine sprain/strain, cervical radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, thoracic spine muscle spasm, left lateral epicondylitis, and right flank contusion. The treatment to date includes physical therapy and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computerized range of motion (ROM).

**Decision rationale:** MTUS does not address the issue. The Official Disability Guidelines identifies that computerized range of motion (ROM)/flexibility is not recommended as primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Therefore, based on guidelines and a review of the evidence, the request for range of motion testing is not medically necessary.