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| <b>Case Number:</b>   | CM14-0175066 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 04/21/2014 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2014 |

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 44 yo female who sustained an industrial injury on 04/21/2014. The mechanism of injury was that while following another employee out of the door, the other employee let the door go and it hit her on the left hand and thoracic spine. Her diagnoses include left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain with impingement, and lumbar sprain/strain with myospasms. She continues to complain of left shoulder pain and left wrist pain. On physical exam there is decreased range of motion of the left shoulder with tenderness over the acromioclavicular joint. She has decreased grip strength of the left hand. Treatment has included medical therapy, acupuncture and a functional restoration program. The treating provider has requested left shoulder range of motion and muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Range of Motion and Muscle Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There is no documentation provider for the requested item. Per the medical documentation there is evidence of impingement on examination of the left shoulder. MRI of the

left shoulder obtained 08/29/2014 demonstrated minimal glenohumeral joint effusion and minimal subscapularis bursitis without any ligament tear. The findings of decreased range of motion and impingement on physical exam have tested range of motion and muscle testing. There is no specific indication for formal range of motion and muscle testing and no explanation how this will change the current treatment plan. Medical necessity for the requested item has not been established. The requested item is not medically necessary.