

Case Number:	CM14-0035482		
Date Assigned:	06/23/2014	Date of Injury:	12/16/2009
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Nevada. 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 records presented for review indicate that this 37 year-old individual was reportedly injured on 12/16/2009. The mechanism of injury is not listed in the records reviewed. The only medical documentation is the peer review report dated 3/10/2014 indicates that there are ongoing complaints of bilateral shoulder and upper extremity pain. There is no physical exam provided in this note. No recent diagnostic studies are available for review. Previous treatment includes surgery, physical therapy, and medications. A request had been made for Computerized Strength and Flexibility (ROM) Range Of Motion Assessment To Bilateral Shoulders And Upper Extremities and was not granted in the pre-authorization process on 3/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength And Flexibility (ROM) Range Of Motion Assessment To Bilateral Shoulders And 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 Guidelines ,Forearm,Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) updated 2/18/2014. Computerized muscle testing.

Decision rationale: Computerized Muscle Testing Is Not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. After reviewing the medical documentation provided there is no indication for the necessity of this study, as well as California guidelines this request is deemed not medically necessary.