

Case Number:	CM14-0040004		
Date Assigned:	06/27/2014	Date of Injury:	03/13/2011
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with date of injury of 03/13/2011. The listed diagnoses per Dr. [REDACTED] dated 02/20/2014 are Right shoulder impingement syndrome; Rotator cuff tear; Cervical sprain/strain; Lumbosacral sprain/strain; and Status post right shoulder arthroscopy, synovectomy, 05/15/2014. According to the report by Dr. [REDACTED] dated 01/21/2014, the patient complains of right shoulder pain. He describes it as achy, throbbing, numbing, stinging and shooting in nature with spasms. He rates his pain 7/10 at rest and 9/10 with activity. He reports associated weakness, numbness and grinding that radiates to the right arm and hand. He states that he is unable to perform his activities of daily living due to pain. He also reports that the pain is worse at night and with lifting. The patient also reports low back pain that is dull, sharp, achy, throbbing, burning, numbing, tingling and shooting with spasms. Pain is 6/10 at rest and 9/10 with activity. There is weakness and numbness with pain radiating into his legs and feet. The physical exam shows there is tenderness upon palpation over the deltoid complex region. Codman drop arm, Neer's, and Hawkin-Kennedy were positive. Muscle testing revealed 4/5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation. Range of motion was restricted due to pain. The utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Muscle and Flexibility (ROM) assessment shoulders.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 552-553. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic shoulder and low back pain. The MTUS/ACOEM Guidelines do not address this request; however, the Official Disability Guidelines (ODG) states, "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. In this case, ODG does not recommend computerized strength testing. Therefore, the request for Computerized Muscle and Flexibility (ROM) assessment shoulders is not medically necessary and appropriate.

Computerized Muscle and Flexibility (ROM) assessments upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258, Chronic Pain Treatment Guidelines Official Disability Guidelines forearm, wrist and Hand.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic shoulder and low back pain. The MTUS/ACOEM Guidelines do not address this request; however, the Official Disability Guidelines (ODG) states, "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. In this case, ODG does not recommend computerized strength testing. Therefore, the request for Computerized Muscle and Flexibility (ROM) assessments upper extremities is not medically necessary and appropriate.

Computerized Muscle and Flexibility (ROM) assessments, lumbosacral.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back -Flexibility.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic shoulder and low back pain. The MTUS/ACOEM Guidelines do not address this request; however, the Official Disability Guidelines (ODG) states, "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. In this case, ODG does not recommend computerized strength testing. Therefore, the request for Computerized Muscle and Flexibility (ROM) assessments, lumbosacral, is not medically necessary and appropriate.

Computerized Muscle and Flexibility (ROM) assessments lower extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1036-1037; Chapter 13 Knee Complaints Page 1012-1013.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic shoulder and low back pain. The MTUS/ACOEM Guidelines do not address this request; however, the Official Disability Guidelines (ODG) states, "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. In this case, ODG does not recommend computerized strength testing. Therefore, the request for Computerized Muscle and Flexibility (ROM) assessments lower extremities is not medically necessary and appropriate.