

Case Number:	CM14-0076095		
Date Assigned:	07/16/2014	Date of Injury:	02/26/2003
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation 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 injured worker is a 46 year old right hand dominant female who sustained work-related injuries on August 17, 2011. She was initially seen for shoulder complaints on October 10, 2013 which she rated at 10/10 and described as constant. The pain was aggravated by sleeping and relieved with medication. She also noted stiffness in the right shoulder and pain in her neck. On examination, her cervical spine range of motion was limited in all planes with tenderness over the cervical spine, right trapezius, and right interscapular region. Her right shoulder range of motion was limited. Tenderness was noted over the acromial process and over the acromioclavicular joint as well as pain in the upper arm. Decreased sensation was noted in the thumb, index, and middle fingers bilaterally. Phalen's and Tinel's sign were positive, bilaterally. Electrodiagnostic studies performed in March 1, 2005 indicated no evidence of carpal tunnel syndrome bilaterally but there is mild chronic C7 radiculopathy and possible right C7 radiculopathy. A magnetic resonance imaging scan of the cervical spine done on October 31, 2011 indicate (a) mild to moderate degenerative disc disease at C5-6 with a decrease in the disc height and increased disc desiccation as well as (b) a 2-3 millimeter posterior disc osteophyte ridging at C3-4, C4-5, and C6-7 without neural impingement. Magnetic resonance imaging of the right shoulder showed (a) mild tendinopathy of the supraspinatus, infraspinatus tendons with a small bursal surface tear; (b) small superior labral tear from anterior to posterior (the anchor through remains firm and the root of the biceps tendon is firm); (c) mild acromioclavicular joint arthropathy with a small distal subacromial spur and (d) mild secondary subdeltoid-subacromial bursitis. Per the operative report dated January 16, 2014, the injured worker underwent arthroscopy with major debridement and the Mumford procedure with subacromial decompression. Per progress notes dated May 2, 2014, the injured worker had complaints of pain in the right side of the head and right shoulder. Objective findings indicate limited range of

motion. She was recommended to start with physical therapy. Most recent progress notes dated May 9, 2014 indicated that the injured worker complained of pain and numbness in her fingers. Objectively, the sensation was decreased in the left little, index finger, and left thumb. The sensation was decreased as well as in the right index, middle finger, and right thumb. Tinel's, Phalen's and compression tests were positive bilaterally. She is diagnosed with (a) cervical spondylosis with cervical radiculopathy with multiple level degree and disc protrusion; (b) bilateral carpal tunnel syndrome and (c) bilateral shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) computerized muscle & flexibility (ROM) assessment: C/S & Upper Extremities between 4/22/2014 and 6/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back (Acute & Chronic).

Decision rationale: According to evidence based guidelines, functional improvement measurements should be used over the course of treatment to demonstrate progress in return to functionality and justify further use of ongoing treatments. This includes work functions and/or activities of daily living, self report of disability, physical impairments, and approach to self-care and education. However, evidence-based guidelines further mention that flexibility measured through computerized range of motion is not recommended as the primary criteria because the relationship between back range and functional ability is weak or non-existent. With regard to computerized muscle testing, evidence-guidelines indicate that this is not recommended as there are no studies that support strength testing of extremities. Guidelines further state that there is no useful application of such potentially sensitive computerized test. Hence, it can be concluded that significant areas of functional improvement can be primarily based on increased activities of daily living or reduction in pain levels. Based on these reasons, the requested one computerized muscle and flexibility range of motion assessment of the cervical spine and upper extremities is not medically necessary and appropriate.