

Case Number:	CM14-0136785		
Date Assigned:	09/03/2014	Date of Injury:	01/24/2013
Decision Date:	01/27/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Practice 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 37 year-old woman who was injured at work on 1/24/2013. The injury was primarily to her left shoulder. She is requesting review of denial for "range of motion testing; each extremity (excluding hand) or each trunk section (spine). Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician Progress Reports. The records indicate that the patient has been seen by her primary physician for symptoms of left shoulder/arm and wrist pain. As part of her evaluation, the patient had an X-ray of her left shoulder performed on 5/28/2014. The report was "normal left shoulder." Each documented office visit does not contain any narrative other than the complaints of pain in the shoulder/arm and wrist. There is no documented exam other than a comparison of the patient's strength; which is reported as normal (5/5) and symmetrical. In the Utilization Review process it was noted that there was no documented rationale submitted to justify the need for range of motion testing. The ACOEM Guidelines for Shoulder Complaints were referenced in the assessment process. Specifically, the reviewer stated that a regional shoulder examination should be part of the regular physical examination and a specific study to evaluate range of motion is not clearly established for this clinical presentation of shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing; each extremity (excluding hand) or each trunk section (spine):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252.

Decision rationale: The ACOEM/MTUS Guidelines provide comment on the evaluation of patients with shoulder complaints. These guidelines include the elements expected on the initial assessment of a shoulder problem. Specifically, (on Page 196), A "thorough medical and work histories and a focused physical examination (see Chapter 2) are sufficient for the initial assessment of the worker complaining of potentially work-related shoulder symptoms. The medical history and examination include evaluation for serious underlying conditions. This evaluation can consider the possibility of referred shoulder pain due to a disorder in another part of the body (most commonly from the cervical spine). Certain findings on the history and physical examination raise suspicion of serious underlying medical conditions, referred to as red flags (see Table 9-1). The absence of red flags rules out the need for special studies, referral, or inpatient care during the first four to six weeks, when spontaneous recovery is expected (provided any contributory workplace factors are mitigated)." The ACOEM/MTUS Guidelines also comment on what is expected as part of a physical examination of the shoulder (Page 200). Specifically, for a regional shoulder examination: "A shoulder examination includes the neck region as well as the shoulder. Ask the patient to point to the area of discomfort with one finger. The range of motion of the shoulder should be determined actively and passively. The examiner may determine passive ROM by eliminating gravity in the pendulum position or by using the other arm to aid elevation. Atrophy of the deltoid or scapular muscles is an objective finding but arises only after weeks to months of symptoms. Deformities due to AC separations are visible, objective findings, as are signs of infection (elevated temperature, redness, heat, fluctuance) or gross tumor (visible vessels, palpable mass). The impingement sign of Neer and the modified impingement sign of Hawkins can be used to test for rotator cuff impingement. The apprehension test can be used to help detect dislocation (a positive test indicates glenohumeral instability, often due to previous dislocation). Strength of the supraspinatus and infraspinatus can be tested to diagnose rotator cuff tear or tendonopathy." In this case there is insufficient documentation in the medical records on the expected elements on the history and examination of this patient's shoulder complaints. The cited ACOEM/MTUS Guidelines expect that as part of the physical examination of the shoulder, range of motion should be performed and documented. It is unclear why the provider submitted a request for this to be done outside of the expected process of evaluation. Further, there is no documentation that the patient has any pain syndrome involving the trunk. Therefore, the request for range of motion testing; each extremity (excluding hand) or each trunk section (spine) is not considered as medically necessary.