

<b>Case Number:</b>	CM14-0191135		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgery 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:

54 year old male claimant with an industrial injury dated 09/17/09. The patient is status post a right shoulder arthroscopy with intra-articular debridement of partially torn rotator cuff and biceps tenotomy as of 06/12/14. Exam note 08/13/14 states the patient returns with left shoulder pain and numbness; along with moderate right shoulder pain. The patient explains that the pain is radiating to the scapula and chest. Upon physical exam the range of motion of the left shoulder were within normal limits. The patient had +3 tenderness to palpation of the acromioclavicular joint. Range of motion of the right shoulder was within normal limits as well. Diagnosis is noted as right shoulder internal derangement, and right shoulder pain. Treatment includes additionally physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Range of Motion 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 Page(s): 200.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Shoulder Chapter, page 200, states that in many case of shoulder problems, there are no objective findings, but only painful range of motion (ROM), tenderness, or stiffness in the shoulder. The submitted and reviewed medical records do not indicate muscle atrophy. ACOEM guidelines recommend that the examiner should determine range of motion actively and passively as part of the normal shoulder exam and there was no rationale from 8/13/14 why range of motion testing should be performed separately by computer methods. Therefore the determination is not medically necessary.