

<b>Case Number:</b>	CM14-0199226		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 51-year-old female who was injured on October 23, 2008. The patient continued to experience pain in low back, neck, and left shoulder. Physical examination was notable for tenderness to palpation of the cervical and lumbar spine, diminished range of motion of the right shoulder, and positive impingement sign of bilateral shoulders. Diagnoses included right shoulder adhesive capsulitis, left shoulder impingement, lumbar sprain/strain, cervical sprain/strain, myospasm of the cervical, thoracic, and lumbar spine, and lumbar disc herniation. Treatment included physical therapy, acupuncture, aqua therapy, surgery, medications, and home exercise program. Request for authorization for range of motion testing was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Range of Motion Test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Range of motion

**Decision rationale:** Range of motion testing is recommended for the shoulder. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis. Testing of passive and active range of motion of the shoulder is considered part of the normal physical examination. Separate testing would be duplication of testing therefore the request is not medically necessary.