

Case Number:	CM14-0207835		
Date Assigned:	12/19/2014	Date of Injury:	03/21/2012
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

Patient with reported date of injury on 3/21/2012. Mechanism of injury is described as moving a file cabinet. Diagnosis include R shoulder SLAP lesion, R shoulder bursitis and impingement, Bilateral elbow medial epicondylitis, post carpal tunnel release on R side and L carpal tunnel syndrome. Medical reports reviewed. Last report available until 12/2/14. Patient complains of R wrist pain, L wrist pain, R shoulder pain, R elbow pain, L elbow pain and L shoulder pain. Most pain is to R wrist and R shoulder which is rated 6-7/10. Objective exam reveals decreased range of motion of R shoulder with tenderness across AC joint and cross arm test. Positive impingement sign. Negative apprehension. Negative drop arm test. Positive OBrien's. Tenderness to medial epicondyles. Negative Tinel's over cubital tunnel. R wrist incision is healed. Full ROM of wrist with negative Finkelsteins. Positive Phalen/Tinel of L wrist. Normal grip. Spasms of cervical, trapezius paraspinal muscles. Review of records show that request is for "Range of motion testing". Review of records do not show any special procedure or testing was done with this request. Medications include Tramadol, Norco, Naproxen, Pantoprazole, Cyclobenzaprine and has ongoing TENS. Independent Medical Review is for "Range of motion". Prior Utilization Review on 10/30/14 recommended non-certification of range of motion testing. It approved multiple other medications requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: As per MTUS ACOEM guidelines, range of motion testing is part of a standard physical exam. There is no necessity for any special testing to determine range of motion. There is no justification provided to claim this as a separate procedure or test. "Range of motion" testing is not medically necessary.