

Case Number:	CM14-0050539		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2013
Decision Date:	01/27/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Rehab, has a subspecialty in Interventional spine 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 25 year old male with an injury date on 6/30/13. The patient complains of no pain at this time per 2/20/14 report. The patient states that therapy and acupuncture helped decrease his pain temporarily per 2/20/14 report. He also states the medications (especially the creams) are helpful and decreases his pain per 2/20/14 report. Based on the 2/20/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spine myospasm and disc dessication 2. left shoulder effusion 3. left shoulder s/s and clinical impingement 4. cervical spine s/s 5. levator scapulae syndrome A physical exam on 2/20/14 showed " C-spine has full range of motion. Patient moves left upper extremity cautiously. Left shoulder ROM has 63 percent of normal flexion, 66 percent of normal extension, 61 percent of normal abduction, and 52 percent of normal internal/external rotation." The patient's treatment history includes medications, physical therapy, acupuncture. The treating physician is requesting range of motion and muscle testing cervical spine Qty: 1, and range of motion and muscle testing left shoulder Qty: 1. The utilization review determination being challenged is dated 3/18/14. The requesting physician provided treatment reports from 12/2/13 to 2/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle testing cervical spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ROM Testing Page(s): 48.

Decision rationale: This patient presents with no complaints of pain. The treater has asked for Range of Motion and Muscle Testing Cervical Spine QTY: 1 on 2/20/14. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ROM measurements obtained in degrees is something that can easily obtained via clinical examination. It does not require computerized measuring. In this case, the patient does not have any complaints of pain. ROM testing is part of a routine physical examination findings. The request for computerized ROM testing of the C-spine is not medically necessary.

Range of motion and muscle testing left shoulder QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ROM Testing Page(s): 48.

Decision rationale: This patient presents with no complaints of pain. The treater has asked for Range of Motion and Muscle Testing Left Shoulder QTY: 1 on 2/20/14. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ROM measurements obtained in degrees is something that can easily obtained via clinical examination. It does not require computerized measuring. In this case, the patient does not have any complaints of pain. ROM testing is part of a routine physical examination findings. The treater does not explain the request in the requesting progress report. The request for computerized ROM testing of the shoulder is not medically necessary.