Case Number:	CM15-0103586		
Date Assigned:	06/08/2015	**Date of Injury:**	11/25/2013
Decision Date:	07/13/2015	**UR Denial Date:**	05/19/2015
Priority:	Standard	**Application Received:**	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 45-year-old female who sustained an industrial injury to her left shoulder on 11/25/2013. The injured worker was diagnosed with left upper extremity contusion, left shoulder impingement, medial and lateral epicondylitis, left carpal tunnel syndrome and left ulnar neuritis. Recent diagnostic testing includes electrodiagnostic studies in July 16, 2014 and magnetic resonance imaging (MRI) left elbow on July 7, 2014. Treatment to date includes conservative measures, physical therapy, acupuncture therapy, steroid injections to the shoulder and forearm, home electrical unit and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience left shoulder pain which radiates to her left arm and her fingers associated with numbness, tingling, cramping and weakness. The injured worker rates her pain level at 5/10. The injured worker also reports anxiety, depression and sleeplessness. Examination of the left shoulder demonstrated tenderness to palpation with spasm of the left upper trapezius muscle and tenderness of the left acromioclavicular joint. There was decreased range of motion with positive crepitus and negative impingement and apprehension signs. The left elbow was tender at the medial and lateral epicondyle with decreased range of motion; positive cubital Tinel's and negative crepitus. Motor strength of the shoulder and elbow were noted at 2+/5. The left wrist and carpal bones were tender to palpation with decreased range of motion and positive carpal Tinel's, Phalen's and crepitus. Current medications are listed as Cyclobenzaprine, Tramadol and Omeprazole. Treatment plan consists of orthopedic consultation, prescribe Gabapentin and transdermal compounds, chiropractic therapy which would include supervised physiotherapy twice a week

for 4 weeks as well as the current request for range of motion and muscle testing (between 5/13/15 and 6/27/15).

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section/Range of Motion Testing.

Decision rationale: Per MTUS Guidelines, in coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. A thorough shoulder examination includes the neck region as well as the shoulder. 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. Per ODG, the use of range of motion testing is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. 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. In this case there is no rationale for the request for ROM testing and the exact location requested is not included with this request. Per the guidelines, ROM testing is part of the routine musculoskeletal exam performed by the primary physician. The request for Range of Motion and Muscle Testing (between 5/13/15 and 6/27/15) is determined to not be medically necessary.