

Case Number:	CM15-0105899		
Date Assigned:	06/10/2015	Date of Injury:	11/20/2013
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on November 20, 2013, incurring shoulder and low back injuries from twisting and heavy lifting. Magnetic Resonance Imaging of the shoulder revealed partial thickness tear and joint degenerative changes. Treatment included rest, ice, pain medications, and work restrictions. Lumbar x rays showed lordosis and muscle spasms with restricted range of motion. Currently, the injured worker complained of constant low back pain radiculopathy in to the left lower leg, with numbness. The back pain increased with prolonged waling and laying down increased left leg numbness. The treatment plan that was requested for authorization included computerized range of motion and muscle test to the bilateral upper extremities and shoulders, neck, trunk and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion and Muscle Test - Bilateral Upper Extremities/ Shoulders/ Neck/ Trunk/ Lumbar) - DOS 4/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist

& Hand - Computerized muscle testing; Neck & Upper Back & Flexibility; Low Back & Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder and range of motion- pg 29 Cocchiarella L Andersson GBJ (editors). Guides to the Evaluation of Permanent Impairment Fifth Edition. American Medical Association. 2001. Page 380-381; Figure 15-4 page 380.ODG-neck- Flexibility- pg 28, ODG- low back- Flexibility- pg 41.

Decision rationale: According to the guidelines, 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. There is insufficient evidence however to support the use of computerized range of motion testing for the shoulders vs. manual. The guidelines do not support flexibility or range of motion for the cervical spine. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The request for the testing on 4/24/15 is not medically necessary.

Computerized Range of Motion and Muscle Test - Bilateral Upper Extremities/ Shoulders/ Neck/ Trunk/ Lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Computerized muscle testing; Neck & Upper Back & Flexibility; Low Back & Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder and range of motion- pg 29 Cocchiarella L Andersson GBJ (editors). Guides to the Evaluation of Permanent Impairment Fifth Edition. American Medical Association. 2001. Page 380-381; Figure 15-4 page 380.ODG-neck- Flexibility- pg 28, ODG- low back- Flexibility- pg 41.

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