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| Case Number: | CM15-0107114 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 07/12/2013 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52 year old man sustained an industrial injury on 7/12/2013. The mechanism of injury is not detailed. Diagnoses include left shoulder bursitis, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain/strain, and left shoulder tenosynovitis. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes dated 4/14/2015 show complaints of left shoulder pain rated 4/10 with numbness and tingling radiating back to the neck and arm. Recommendations include acupuncture, chiropractic treatment, and orthopedic follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion (ROM) testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170.

Decision rationale: According to MTUS guidelines, shoulder, cervical and lumbar range of motion is a part of the routine physical and musculoskeletal examination. There is no rationale from repeating range of motion examination, as a separate examination. Therefore, the request is not medically necessary.