

Case Number:	CM15-0131671		
Date Assigned:	07/10/2015	Date of Injury:	04/01/2013
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 39-year-old female, who sustained an industrial injury on 4/11/13. She reported pain in the cervical spine, lumbar spine, and left shoulder. The injured worker was diagnosed as having lumbar spinal strain, lumbar radiculitis, cervical spinal strain, cervical radiculopathy, left shoulder pain and dysfunction, left shoulder impingement, and right knee pain and dysfunction. Treatment to date has included left shoulder arthroscopy with debridement of a partially torn rotator cuff, subacromial decompression, and distal clavicle resection on 12/18/14. Other treatment included physical therapy, a home exercise program, and medication. Physical examination findings on 4/22/15 included diminished range of motion of the cervical and lumbar spine with pain and muscle guarding. Currently, the injured worker complains of pain in the left shoulder, neck, lower back, right knee, and right shoulder. The treating physician requested authorization for range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 170, 171 and 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Flexibility Low back-Flexibility Shoulder - range of motion.

Decision rationale: Range of motion testing is not medically necessary per the MTUS and the ODG guidelines. The ODG states that flexibility is not recommended as a primary criteria. The relation between neck and low back range of motion measures and functional ability is weak or nonexistent. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. ACOEM MTUS lists muscle strength testing as part of the routine exam in patients with cervical spine and lumbar spine complaints. The ODG does recommend range of motion testing of the shoulder but the MTUS ACOEM Guidelines state that active and passive shoulder range of motion testing are part of the regional shoulder examination. The documentation is not clear on how range of motion testing will change the treatment plan for this patient and why range of motion testing cannot be performed as part of a routine history and physical exam. Furthermore, this request does not specify what body part is being tested for range of motion. The request for range of motion testing is not medically necessary.