

<b>Case Number:</b>	CM15-0133826		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 63 year old female, who sustained an industrial injury on 5/6/2013. She reported right shoulder pain. Diagnoses have included right rotator cuff tear, right shoulder impingement syndrome, right shoulder muscle spasm, right shoulder sprain-strain and elevated blood pressure. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), acupuncture and medication. According to the progress report dated 5/26/2015, the injured worker complained of constant, severe, sharp right shoulder pain. She reported relief from acupuncture. Objective findings revealed decreased, painful range of motion of the right shoulder. There was tenderness to palpation of the right shoulder. Supraspinatus press was positive. Authorization was requested for diagnostic range of motion test, one time a month for unspecified duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic test range of motion test, one time a month for unspecified duration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 5/4/15), Range of motion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and pg 11.

**Decision rationale:** According to the guidelines, range of motion is not recommended after shoulder surgery. It is an option for adhesive capsulitis. In addition, there is no indication beyond 1 month to continue diagnostics. In this case, the claimant had rotator cuff tear and impingement. Monthly range of motion for unknown length is not justified and not medically necessary.