

<b>Case Number:</b>	CM15-0140476		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female sustained an industrial injury to the left elbow and shoulder on 4-28-13. Magnetic resonance imaging left wrist 10-4-13 was unremarkable. Magnetic resonance imaging left elbow (6-20-13) showed lateral epicondylitis with humeral ulnar and radio-capitellar joint effusions. Magnetic resonance imaging left shoulder (2-20-13) showed a partial thickness tear of the supraspinatus tendon with supraspinatus and infraspinatus tendinosis. Bilateral upper extremity electromyography (8-22-13) was normal. Previous treatment included physical therapy, injections, sling, ice and medications. In the most recent documentation submitted for review, a comprehensive orthopedic evaluation dated 5-14-15, the injured worker complained of left shoulder pain with radiation to the neck and back, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for left shoulder with muscle atrophy, diffuse tenderness to palpation, decreased and painful range of motion, positive Hawkin's and Neer's tests and no instability. Abduction and external rotation caused clicking over the left shoulder. Current diagnoses included left shoulder impingement syndrome with partial rotator cuff tear and pain and stiffness of the left shoulder. The treatment plan included arthrogram magnetic resonance imaging left shoulder and continuing home exercise and physical therapy. On 6-18-15, a request for authorization was submitted 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 measurements:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**Decision rationale:** Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.