

Case Number:	CM15-0141455		
Date Assigned:	07/31/2015	Date of Injury:	11/12/2014
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
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 (IW) is a 63-year-old female who sustained an industrial injury on 11/12/2014. She reported repositioning a heavy client in bed. She felt an immediate pain in the right shoulder and lumbar spine. The injured worker was diagnosed as having: Lumbar strain. Right shoulder strain Treatment to date has included physical therapy, and most recently a positive MRI after failing conservative management. She had an arthroscopic subacromial decompression and rotator cuff repair with biceps tenotomy. Currently, the injured worker is post rotator cuff repair done June 18, 2015. There are no records of the surgical follow-up visits in the medical records received. A request for authorization was made for the following: 1. Range of motion testing. 2. Follow up in 2 weeks.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (ROM) and Other Medical Treatment Guidelines AMA Guide to Permanent Impairment.

Decision rationale: CA MTUS does not address computerized range of motion (ROM) assessments. The ODG states that computerized ROM testing is not recommended. The relation between back ROM measures and functional ability is weak to nonexistent. The AMA Guide to Permanent Impairment states, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." ROM testing can be easily performed in the context of a routine physical examination. The request for a computerized ROM is thus not medically necessary or appropriate.