

<b>Case Number:</b>	CM15-0143815		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic shoulder, elbow, wrist, hand, and neck pain reportedly associated with an industrial injury of July 29, 2011. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for a follow-up visit with associated [computerized] range of motion testing. Office visits of May 21, 2015 and June 25, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said June 25, 2015 office visit, the applicant reported multifocal complaints of neck, shoulder, wrist, hand, and elbow pain with derivative complaints of headaches. The applicant had undergone earlier right shoulder, right elbow, and right wrist surgery, it was reported. An extremely proscriptive 10 pound lifting limitation was endorsed. The treating provider suggested that the applicant's employer would be unable to accommodate the said limitation. In an associated June 25, 2015 RFA form, the attending provider sought authorization for a follow-up visit with associated computerized range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with range of motion measurement and addressing ADL's:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 170; 200; 257; 9.

**Decision rationale:** No, the request for a follow-up visit with associated range of motion measurements is not medically necessary, medically appropriate, or indicated here. One of the applicant's primary pain generators was the cervical spine. However, the MTUS Guideline in ACOEM Chapter 8, page 170 notes that range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. The MTUS Guideline in ACOEM Chapter 9, page 200 stipulates that the range of motion of the shoulder should be determined actively and passively. The MTUS Guideline in ACOEM Chapter 9, page 200 likewise does not establish a role for the more formal, computerized range of motion testing seemingly at issue here, noting that this is something an attending provider can determine actively and passively. The MTUS Guideline in ACOEM Chapter 11, page 257 also stipulates that range of motion of the forearm, wrist, and hand should be evaluated actively and passively within an applicant's limits of comfort. Thus, the MTUS Guideline in ACOEM Chapter 11, page 257 also does not establish a role for the computerized range of motion testing seemingly being sought here, noting that an attending provider can ascertain an applicant's wrist and hand range of motion measurements actively and passively. Finally, the MTUS Guideline in ACOEM Chapter 10, page 9 also notes that an applicant's elbow range of motion should be assessed actively. If an applicant's elbow active range of motion is limited, the MTUS Guideline in ACOEM Chapter 10, page 9 stipulates that passive range of motion should be assessed. The MTUS Guidelines in ACOEM Chapters 8, 9, 10, and 11 on the Neck, Shoulder, Elbow and Wrist, thus, do not establish or support a role for the formal computerized range of motion testing seemingly being sought here, with the MTUS Guideline in ACOEM Chapter 8, page 170 noting that range of motion measurements of the neck and upper back are of "limited value". The attending provider failed to furnish a clear or compelling rationale for the range of motion testing component of the request in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request is not medically necessary.