

Case Number:	CM15-0145700		
Date Assigned:	08/06/2015	Date of Injury:	12/13/2013
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 57 year old male with an industrial injury dated 12-13-2013. The injured worker's diagnoses include status post left shoulder arthroscopic repair, arthroscopic acromioplasty, and partial distal clavicle resection on 11-21-2014; left shoulder pain, left biceps sprain and strain, clinical flexor tendonitis, triggering of the left thumb, bilateral moderate carpal tunnel syndrome, medication- induced gastritis, acromioclavicular joint (AC) separation, left shoulder bursitis, left shoulder tendinosis, left shoulder osteoarthritis, left shoulder effusion, left shoulder slap 2, left synovitis or tendonitis and adjustment disorder with mixed anxiety and depressed mood. Treatment consisted of diagnostic studies, prescribed medications, acupuncture, therapy, and periodic follow up visits. In a progress note dated 06-01-2015, the injured worker reported left shoulder pain rated a 4-5 out of 10 with radiation to the biceps, forearm and wrist. The injured worker also reported numbness, tingling, pulsating, throbbing, achiness, weakness, stiffness and needle like sensation. Additionally, the injured worker complains of worsening left thumb rated 4-5 out of 10, persistent anxiety and insomnia due to the pain. Objective findings revealed tenderness to palpitation of the epigastrium, atrophy of the left deltoid muscle, generalized tenderness to palpitation of the entire left shoulder and tenderness to palpitation with spasm of the left upper trapezius muscle. Tenderness to palpitation of the left biceps, limited left shoulder range of motion secondary to pain, and tenderness to palpitation of the metacarpophalangeal of thumb with triggering of the thumb were also noted on exam. The treating physician prescribed services for ROM (range of motion) and muscle strength testing, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (range of motion) and muscle strength testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flexibility <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, range of motion testing is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001). There is no rationale for performing range of motion testing separated from a routine neuromuscular evaluation. Furthermore, ODG guidelines do not support the use computerized lumbar range of motion. Therefore, the request for ROM (range of motion) and muscle strength testing is not medically necessary.