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| Case Number: | CM15-0160559 | | |
| Date Assigned: | 08/26/2015 | Date of Injury: | 12/19/2012 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/15/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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, 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:

This is a 45 year old female patient, who sustained an industrial injury on December 19, 2012. She reported a continuous trauma injury to her upper extremity. The diagnoses include slow steady progress status post staged bilateral carpal tunnel surgeries with residuals, bilateral shoulder pain and dysfunction, right shoulder impingement syndrome and right shoulder RTC tear with AC arthrosis. Per the doctor's note dated July 1, 2015, she had complaints of right shoulder pain, improved and an occasional pain rating of 5 on a 1-10 pain scale, reduced with Norco medication. She reported that her shoulder clicks while doing exercise. The pain was aggravated with pushing carts and standing for prolonged periods with back support. The physical examination revealed range of motion- flexion 178 degrees, abduction 175 degrees, external rotation 75 degrees and internal rotation 66 degrees, positive Speed's and impingement test. The current medications list is not specified in the records provided. She has had EMG/NCS dated 5/13/2013 which revealed bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome and bilateral mild guyon canal syndrome; right shoulder MRI dated 11/20/2014. She has undergone left carpal tunnel release on 2/20/2014. She has had a right shoulder injection on 7/1/2015. She has had exercise, modified work duties, medication and therapy. The treatment plan included weight loss program for operative optimization, consideration for right shoulder arthroscopy, ergonomic work station evaluation with changes and a follow-up visit. A request was made 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:

ROM Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 09/08/15) Range of motion Chapter: Low Back (updated 07/17/15) Range of motion (ROM) Flexibility.

Decision rationale: ROM Testing, ACOEM and CA MTUS do not address this request. Per the cited guidelines "range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal." Per the ODG guidelines range of motion testing/flexibility state; "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent". Therefore cited guidelines do not recommend computerized range of motion testing as primary criteria. Per the doctor's note dated 7/1/2015, patient has already had general testing for range of motion for the right shoulder-flexion 178 degrees, abduction 175 degrees, external rotation 75 degrees and internal rotation 66 degrees. Rationale for computerized range of motion testing is not specified in the records provided. The medical necessity of ROM testing is not fully established for this patient and therefore is not medically necessary.