

<b>Case Number:</b>	CM15-0164912		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 is a 55 year old male who sustained an industrial injury on May 23, 2014. The worker was employed as a coordinator and warehouse picker who tripped over a pallet with his right arm getting trapped in between two bars of a rack with resulting injury. A primary treating office visit dated July 16, 2015 reported subjective complaint of right shoulder with constant to moderate pain described as being dull. He is also with numbness into the right wrist to include fingers and forearm. Objective assessment noted shoulders with 4 plus spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. A Codman's test was positive on the right along with a Speed's test and supraspinatus on the right. The following diagnoses were applied: tear of right glenoid labrum, and partial tear of rotator cuff tendon of the right shoulder. There is recommendation for additional physical medicine visits, undergo a magnetic arthrogram of right shoulder, orthopedic follow up, and remain temporarily totally disabled through September 16, 2015. The plan of care noted unchanged back at follow up date June 08, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Follow-up Visit with an Orthopedic Surgeon with Range of Motion Measurement and Addressing Activities of Daily Living: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion testing.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that range of motion testing should be part of the routine exam and formal request for specialized range of motion testing is not medically necessary. Therefore, the request is not medically necessary.