

Case Number:	CM15-0181697		
Date Assigned:	09/23/2015	Date of Injury:	04/04/2014
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, 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:

The injured worker is a 33 year old male, who sustained an industrial injury on 4-4-2014. He reported loss of consciousness from a ten-foot wall with injuries to the head, neck, left shoulder, low back with lower extremity symptoms. Diagnoses include left shoulder impingement with partial thickness rotator cuff tear, status post arthroscopy on 6-18-15, left shoulder pain and dysfunction, left mid shaft clavicle fracture, and herniated lumbar disc. Treatments to date include activity modification, medication therapy, 14 chiropractic therapy sessions, 12 acupuncture treatments, 24 physical therapy sessions, and cortisone injection to the joint, and he underwent a functional capacity evaluation on 3-18-15. Currently, he complained of ongoing low back pain rated 6 out of 10 VAS with radiation to left lower extremity associated with numbness. On 7-30-15, the physical examination documented decreased sensation to bilateral lower extremities. The plan of care included obtaining flexion x-ray of lumbar spine and Norco as previously prescribed. The appeal requested authorization for Range of Motion (ROM) measurements of the left shoulder. The Utilization Review dated 8-18-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (acute & chronic), Procedure Summary online version (updated 05/04/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and of 29.

Decision rationale: According to the 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. In this case, the claimant was requested to receive physical and aqua therapy after surgery. There was no indication that range of motion could not be assessed under the supervision of the therapist or physician. The request of range of motion testing of the shoulder is redundant and not medically necessary.