

Case Number:	CM15-0183820		
Date Assigned:	09/24/2015	Date of Injury:	05/02/2012
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male, with a reported date of injury of 05-02-2012. The diagnoses include status post right shoulder arthroscopy with cervical radiculitis, lumbar spine sprain and strain with radiculopathy, lumbar spine disc desiccation, lumbar spine hemangioma, right shoulder sprain and strain, right shoulder impingement, right shoulder osteoarthritis, right shoulder tendinosis, right shoulder labral tear, right shoulder effusion, myospasm, and gastritis. Treatments and evaluation to date have included Ibuprofen, postoperative physical therapy that did not help much, and home exercises. The diagnostic studies to date have not been included in the medical records. The medical re-evaluation dated 05-20-2015 indicates that the specialist recommended neck surgery; however, the injured worker wanted to hold off on the neck surgery for now, and he wanted to wait until his right shoulder got better. The injured worker complained of right shoulder pain. The pain was rated up to 4 out of 10. The pain was constant and decreased with the medications and rest. The physical examination showed cautious movement of the right upper extremity; generalized tenderness to palpation of the right shoulder; passive range of motion: right shoulder abduction at 75 degrees; right shoulder flexion at 130 degrees; and right shoulder extension at 20 degrees; active range of motion: right shoulder abduction at 125 degrees; right shoulder flexion at 145 degrees; and right shoulder extension at 20 degrees. It was noted that the injured worker's right shoulder range of motion was not improving, and was worse than the last visit. The injured worker was placed on total temporary disability for 45 days. The request for authorization was dated 05-20-2015. The treating physician requested computerized range of motion and manual muscle testing. On 09-02-2015, Utilization Review (UR) non-certified the request for computerized range of motion and manual muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion (ROM) and Manual muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility, pages 423-424.

Decision rationale: Computerized muscle testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized muscle strength testing and ROM outside recommendations from the Guidelines has not been established. The Computerized range of motion (ROM) and Manual muscle testing is not medically necessary or appropriate.