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| <b>Case Number:</b>   | CM15-0185039 |                              |            |
| <b>Date Assigned:</b> | 09/29/2015   | <b>Date of Injury:</b>       | 09/09/2012 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: 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 year old male, who sustained an industrial-work injury on 9-9-12. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff tear. Treatment to date has included medication, Transforaminal nerve root injection at L4-5, L5-S1, surgery (left shoulder arthroscopy, synovectomy, labral debridement, abrasion chondroplasty, subacromial decompression), diagnostics, and physical therapy. Currently, the injured worker complains of burning left shoulder pain that radiated down the arm to the fingers with muscle spasms. Pain was rated 4-5 out of 10 and described as constant, moderate to severe. Per the primary physician's progress report (PR-2) on 7-29-15, exam revealed tenderness to palpation at the delto-pectoral groove and at the insertion of the supraspinatus muscle, decreased sensation to pinprick over C5-T1 dermatomes in the bilateral upper extremities, decreased motor strength secondary to pain in the bilateral upper extremities, and normal DTR (deep tendon reflexes). The Request for Authorization requested service to include Range of motion of the Left shoulder. The Utilization Review on 8-28-15 denied the request for Range of motion of the Left shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Shoulder Complaints 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion of the Left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**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, and Shoulder Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** Computerized range of motion and 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 Range of motion of the Left shoulder is not medically necessary and appropriate.