

Case Number:	CM15-0189200		
Date Assigned:	10/01/2015	Date of Injury:	03/24/2014
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 41 year old female, who sustained an industrial injury on 3-24-2014. The injured worker was being treated for right shoulder sprain and strain, supraspinatus tendinosis, bicep tenosynovitis, joint effusion, acromioclavicular arthropathy, and subacromial, subdeltoid, and subscapularis bursitis; lumbar spine sprain and strain with myospasms; right knee sprain and strain, joint effusion, infrapatellar bursitis, and grade 2 medial cruciate ligament sprain; lumbar spine multilevel disc protrusions; and status post right shoulder surgery on 12-29-2014. Medical records (5-22-2015 to 8-21-2015) indicate the injured worker reported ongoing intermittent right shoulder and low back pain. She reported worsening of the cramping, numbness and tingling sensation in her right leg and worsening of her right knee pain. She reported that overhead movements worsen her shoulder pain, and lying down and twisting movements worsen her low back pain. The injured worker reported no right knee pain on 5-22-2015. However, on 7-14-2015 and 8-21-2015, she reported that lifting, carrying, and bending worsened her right knee pain and the pain radiated from her lower back. Her pain (5-22-2015) was rated: right shoulder 8-9 out of 10 and low back 8 out of 10. Her pain (7-14-2015 to 8-21-2015) was rated: right shoulder 8-9 out of 10, low back 8 out of 10, and right knee 7 out of 10. She reported that the injection for her low back helped decrease her pain from 10 out of 10, but the injection was wearing off. Creams and medications improve the pain. Surgery to date included a right shoulder arthroscopic synovectomy, labral debridement, and subacromial decompression on 12-29-2014. The physical exam (5-22-2015 to 8-21-2015) revealed tenderness to palpation of the lumbar paraspinals, positive sitting root testing, intact pinwheel sensory dermatomes L1-S1 (lumbar 1-sacral 1),

equal and symmetric patellar (L4) and Achilles (S1) reflexes, and strength was 3+ out of 5. There was tenderness to palpation with spasms of the acromioclavicular and glenohumeral joints of the right shoulder, a within normal limits neurovascular exam, and strength was 2+ out of 5. The right knee was non-tender with full range of motion, a posterior McMurray's test, and strength was 2+ out of 5. Treatment has included at least 14 sessions of physical therapy, steroid injection, epidural steroid injection, and medications including muscle relaxant, sleep, antidepressant, and non-steroidal anti-inflammatory. The requested treatments included range of motion and muscle strength testing. On 9-16-2015, the original utilization review non-certified/modified a request for Norco 10/325 #30 (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle Strength testing, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Flexibility, Stretching.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Initial Care, Activity Modification, and Knee Complaints 2004, Section(s): Initial Assessment, Initial Care, Activity Alteration, Follow-up Visits, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 29.

Decision rationale: According to the guidelines, therapy is appropriate for knee shoulder and back pain. Range of motion is recommended for the shoulder. In this case, the claimant had undergone physical therapy, there was no indication that under such circumstances or in the physician's office the claimant's range of motion, and flexibility could not be assessed. As a result, the request for formal range of motion testing is not medically necessary.