

<b>Case Number:</b>	CM15-0193756		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Pain Management, Occupational Medicine

### 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 47-year-old female with an industrial injury date of 12-01-2014. Medical record review indicates she is being treated for left shoulder sprain-strain, left shoulder arthralgia, left elbow sprain-strain, rule out lateral epicondylitis and right elbow sprain-strain, and rule out lateral epicondylitis. Subjective complaints (09-09-2015) included "persistent" bilateral shoulder pain rated as 6 out of 10 on the left and 5 out of 10 on the right. Bilateral elbow pain is described as "constant" and rated as 5 out of 10. Work status is documented (09-09-2015) as modified duties of 20 hours per week. Prior treatment included physical therapy for the right elbow, Kenalog injection in right elbow and medications. Objective findings (09-09-2015) included tenderness to palpation on the rotator cuff, bicipital groove and glenohumeral joints. Elbow exam is documented as revealing tenderness to palpation on flexor muscles and extensor muscles bilaterally. Range of motion is not indicated in the review of the treatment note (09-09-2015.) On 09-14-2015 the request for range of motion and muscle testing was non-certified by utilization review.

### 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 testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** ODG states that range of motion assessment is important for shoulder pain. Range of motion and muscle strength testing is typically done as part of a routine physical examination. Therefore duplicate range of motion and muscle strength testing is not medically necessary. Range of motion assessment and muscle strength testing will be provided when the clinical examination is performed.