

<b>Case Number:</b>	CM15-0202696		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female, who sustained an industrial injury on 6-25-14. The injured worker is diagnosed with right rotator cuff tear and right shoulder impingement. Her work status is temporary total disability. Notes dated 7-16-15, 9-8-15 and 9-15-15 reveals the injured worker presented with complaints of intermittent moderate right shoulder pain and weakness described as achy and is accompanied by right shoulder and arm weakness when reaching overhead. Her pain is rated at 3-7 out of 10. Physical examinations dated 7-16-15, 7-28-15, 9-8-15 and 9-15-15 revealed decreased and painful right shoulder range of motion; flexion 145 degrees, extension 35 degrees, abduction 150 degrees, adduction 25 degrees, external rotation 70 degrees and internal rotation 65 degrees and mild swelling. There is tenderness to palpation of the right acromioclavicular joint and anterior, lateral and posterior right shoulder. The right shoulder Neer test is positive. Treatment to date has included sudoscan, acupuncture and physical therapy. Diagnostic studies include a right shoulder MRI (6-19-15), which revealed flat acromion, acromioclavicular joint osteoarthritis, supraspinatus complete tear, subscapularis complete tear, synovium effusion and sub-coracoid bursal fluid-bursitis. A request for authorization dated 9-8-15 for range of motion is denied, per Utilization Review letter dated 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** CA MTUS/ACOEM Shoulder Chapter, page 200, states that in many case of shoulder problems, there are no objective findings, but only painful range of motion (ROM), tenderness, or stiffness in the shoulder. The submitted and reviewed medical records do not indicate muscle atrophy. ACOEM guidelines recommend that the examiner should determine range of motion actively and passively as part of the normal shoulder exam. There was no rationale from the exam note of 9/15/15 why range of motion testing should be performed separately by computer methods. Therefore the determination is not medically necessary.