

Case Number:	CM15-0204441		
Date Assigned:	10/21/2015	Date of Injury:	02/07/2015
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, 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 50-year-old male, with a reported date of injury of 02-07-2015. The diagnoses include left shoulder pain and dysfunction, left shoulder impingement, left shoulder acromioclavicular joint arthrosis, left shoulder partial thickness rotator cuff tear, and left shoulder labral tear. The progress report dated 09-23-2015 indicates that the injured worker complained of constant, moderate to severe sharp, stabbing, throbbing, burning left shoulder pain, which was aggravated by repetitive movement and overhead reaching. The progress report dated 09-02-2015 indicates that the injured worker had constant left shoulder pain with dropping of items. The objective findings (09-23-2015) of the left shoulder included normal range of motion; tenderness of the anterior acromial margin; tenderness of the AC (acromioclavicular) joint; flexion was 150 degrees actively and 165 degrees passively; abduction was 150 degrees actively and 165 degrees passively; external rotation was 80 degrees; internal rotation was 70 degrees; positive impingement sign; negative Spring back arm test; pain and weakness on resisted external rotation with the arm at the side; and intact sensorimotor examination. The treating physician noted that an MRI of the left shoulder showed AC joint arthrosis, subchondral cyst in the greater tuberosity consistent with impingement, downsloping anterolateral acromion, and thinning of the rotator cuff with rotator cuff tendinosis and labral tears. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 07-21-2015 which showed evidence of chronic C6 nerve root irritation on both sides, left carpal tunnel syndrome, right carpal tunnel syndrome, bilateral cubital tunnel syndrome, and left Guyon canal syndrome. Treatments and evaluation to date have included Norco, Flexeril, Naproxen, and Prilosec. The request for authorization was dated 09-23-2015. The treating physician requested range of motion testing of the left shoulder. On 10-06-2015, Utilization Review (UR) non-certified the request for range of motion testing of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion testing - left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Shoulder Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Guidelines consider range of motion measurements as integral to an adequate evaluation of musculoskeletal complaint or injury. The Guidelines do not support this aspect of an evaluation as optional or unique. Also, the Guidelines do not consider the need for electronic measurements as essential vs. usual and customary physical methods of measurement. The request for Range of Motion testing - left shoulder as a distinct and separate procedure/service is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The requested for the Range of Motion testing - left shoulder is not medically necessary.