

Case Number:	CM15-0022489		
Date Assigned:	02/12/2015	Date of Injury:	04/29/2013
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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 35 year old male, who sustained an industrial injury on 04/29/2013. He has reported left shoulder pain. The diagnoses have included recurrent left shoulder subluxations and tear of the anterior-inferior labrum (ALPSA lesion) of the left shoulder. Treatment to date has included medications and surgical intervention. Surgical intervention has included an arthroscopic anterior capsulorrhaphy of the left shoulder, performed on 10/19/2013. Currently, the injured worker complains of frequent moderate to severe pain in the left shoulder; and the pain is described as sharp and is aggravated by reaching and overuse. A progress report from the treating physician, dated 01/05/2015, included objective findings consisting of tenderness and +3 spasm noted to left rotator cuff muscles and left upper shoulder muscles; wearing a shoulder sling; and Speeds test and supraspinatus test were positive on the left. The treatment plan included surgical consultation as scheduled; and request for post-operative care with range of motion measurement and addressing activities of daily living (ADLs). On 01/16/2015 Utilization Review non-certified a prescription for Range of motion measurement and addressing ADLS. The MTUS, ACOEM Guidelines, and the ODG were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of Range of motion measurement and addressing ADLS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement and addressing ADLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist, & Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Flexibility.

Decision rationale: This patient presents with moderate to severe left shoulder pain. The current request is for RANGE OF MOTION MEASUREMENT AND ADDRESSING ADL'S. The request is unclear as there are no discussions regarding the request. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength test. However, ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, not recommended as the primary criteria, but should be part of a routine musculo evaluation. The medical reports do not specify if this is a request for range of motion testing. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a range of motion test and addressing ADLs are requested as a separate criteria. It should be part of an examination performed during office visitation. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. The request IS NOT medically necessary.