

Case Number:	CM15-0211571		
Date Assigned:	10/30/2015	Date of Injury:	02/26/2008
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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: Emergency 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 44 year old female, who sustained an industrial-work injury on 2-26-08. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having climacteric arthritis of shoulder region, other affections of shoulder region not elsewhere classified and complete rupture of rotator cuff. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of right shoulder pain with numbness, weakness, and tingling in the arm along with low back pain. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted positive impingement sign in the right shoulder, tenderness at the sacroiliac joint. Current plan of care includes diagnostic result review and medication. The Request for Authorization requested service to include Physical Measurement Test. The Utilization Review on 10-1-15 denied the request for Physical Measurement Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Measurement Test: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The requested Physical Measurement Test is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or non-existent." and "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The injured worker has right shoulder pain with numbness, weakness, and tingling in the arm along with low back pain. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted positive impingement sign in the right shoulder, tenderness at the sacroiliac joint. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Physical Measurement Test is not medically necessary.