

Case Number:	CM15-0217234		
Date Assigned:	11/09/2015	Date of Injury:	09/17/2009
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 55 year old male who sustained an industrial injury on 9-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder internal derangement, right shoulder pain, right elbow medial, lateral Collateral Grade I sprain and status post right shoulder arthroscopy (6-2014). According to the progress report dated 9-9-2015, the injured worker complained of bilateral shoulder pain, right greater than left, which radiated to arms, hands and fingers. He also complained of constant right elbow pain and constant right knee pain radiating to foot. Objective findings (9-9-2015) revealed tenderness to palpation of the acromioclavicular joint bilaterally. There was tenderness at the right elbow lateral epicondyle and right knee joint line. Treatment has included aquatic therapy, home exercise program, surgery, physical therapy and medications. The request for authorization was dated 9-9-2015. The original Utilization Review (UR) (10-19-2015) denied a request for range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Pain Chapter, under Functional Improvement Measures.

Decision rationale: Based on the 10/17/15 progress report provided by the treating physician, this patient presents with increased shoulder pain described as continuous and shooting, right elbow pain rated 5-7/10, right clavicle pain rated 7/10, neck pain that is frequent, right > left knee pain with locking/popping/weakness. The treater has asked for range of motion testing on 10/17/15. The patient's diagnoses per request for authorization dated 10/13/15 are right shoulder ID s/p as 6/14, and right elbow lateral epicondylitis. The patient also has constant middle-back and lower back pain rated 6-8/10 per 10/6/15 report. The patient has failed conservative care including medications, physical therapy, chiropractic manipulation, and acupuncture per 7/15/10 report. The patient is doing home exercise program including stretches per 7/10/15 report. The patient is currently temporarily totally disabled for the next 30-45 days per 10/17/15 report. MTUS guidelines, Functional Improvement Measures Section, page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The treater does not discuss the request. In this case, treater does not provide any discussion, explanation or medical rationale for the request. Range of motion measurements should be obtained as part of a routine physical examination, and there is no justification for additional billing when it's part of a routine examination. Therefore, the request IS NOT medically necessary.