

Case Number:	CM15-0043392		
Date Assigned:	03/13/2015	Date of Injury:	04/04/2014
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 32 year old male, who sustained an industrial injury on 04/04/2014. Initial complaints reported included left shoulder pain. The injured worker was diagnosed as having cervical spine strain/sprain with radiculopathy, thoracic spine strain/sprain with radiculopathy, lumbar spine strain/sprain with radiculopathy, left shoulder strain/sprain, and status post injury headaches. Treatment to date has included conservative care, medications, chiropractic manipulation, acupuncture, radiographic imaging of the left shoulder (08/26/2014), MRI of the left shoulder (initial and 11/24/2014), physical therapy, injection to the left shoulder, and functional capacity evaluation. Currently, the injured worker complains of pain in the left shoulder. The treatment plan consisted of additional acupuncture, MRI of the left shoulder, computerized range of motion testing of the cervical, thoracic and lumbar spines and the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion: left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: As per MTUS ACOEM guidelines, range of motion testing is part of a standard physical exam. There is no necessity for any special testing to determine range of motion. The rationale for such testing is invalid. There is nothing that a computerized testing can perform that a standard range of motion exam cannot or will not detect. "Computerized Range of motion" testing is not medically necessary.