

Case Number:	CM15-0081600		
Date Assigned:	05/04/2015	Date of Injury:	09/29/2012
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury on September 29, 2012. He has reported neck pain, back pain, hand pain, foot pain, and shoulder pain. Diagnoses have included cervical spine disc protrusion, lumbar spine disc protrusion, lumbar spine radiculopathy, left shoulder bursitis, infraspinatus, subscapularis, and supraspinatus tendinosis, loss of sleep, and depression. Treatment to date has included medications, aqua therapy, and imaging studies. A progress note dated December 16, 2014 indicates a chief complaint of cervical spine pain radiating to the bilateral hands, lower back pain radiating to the buttocks with numbness and tingling of the feet, left shoulder pain, loss of sleep, and depression. The treating physician documented a plan of care that included 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, back pain, range of motion.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG states that range of motion testing should be part of the routine physical examination and evaluation. Therefore, specific request for range of motion testing is not medically necessary, as this should be part of the standard work up/evaluation and not a separate testing.