

Case Number:	CM15-0087374		
Date Assigned:	05/11/2015	Date of Injury:	09/17/2009
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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 54 year old male who sustained an industrial injury on 9/17/09 from a front end collision causing him to be thrown about in the cab where he struck his head and right shoulder against the dashboard; right arm, elbow and wrist struck dashboard, floor and seat frame and was thrown out of his restraint and landed on the floor of the cab. He was treated medically and received chest and head computed tomographies. Currently (PR-2, 4/13/15) he complains of bilateral shoulder pain right greater than left with radiation to arms, hands and fingers; right painful arm pit; constant right elbow pain (8/10); cervical pain (8/10) radiating to bilateral arms with numbness On physical exam the left shoulder range of motion is normal and right is decreased with tender acromioclavicular joint line. Of note, he had a prior injury on 6/25/08 with a diagnosis of motor vehicle crash with head contusion, post-concussion syndrome, and sprain / strain cervical / thoracic / lumbar spine. Medications are ibuprofen, mentherm cream. Diagnoses include right shoulder internal derangement; right shoulder pain; right shoulder A/S with intraarticular debridement of partially torn rotator cuff and biceps tenotomy, 6/14.; right lateral epicondylitis; right elbow medial lateral Collateral Grade 1 sprain; diabetes; chemical exposure; cervical / thoracic / lumbar spine herniated nucleus pulposus. Treatments to date include home exercises, stretches with active range of motion; cervical spine epidural (8/23/12), physical therapy, anti-inflammatory, moist heat treatments, analgesic ointments, chiropractic treatments, aqua therapy. Diagnostics include MRI of the right elbow (9/25/14) showing medial collateral grade 1 sprain, tendinosis, medial epicondylitis. On 2/25/15 there is the treating provider made a request for range of motion right shoulder for right shoulder internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion (ROM) testing, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Improvement Measures.

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with bilateral shoulder pain, right greater than left, that radiates to arms, hands and fingers; and right armpit and right elbow pain rated 8/10. The request is for RANGE OF MOTION (ROM) TESTING, RIGHT SHOULDER. Patient's diagnosis per Request for Authorization form dated 02/25/15 and 02/25/14 includes shoulder arthroscopy 06/12/14, and right shoulder internal derangement. Treatments to date include home exercises, stretches with active range of motion; cervical spine epidural (8/23/12), physical therapy, anti-inflammatory, moist heat treatments, analgesic ointments, chiropractic treatments, aqua therapy. The patient is on permanent partial disability, per 02/09/15 progress report. Treatment reports were provided from 03/04/10 - 04/28/15. MTUS guidelines 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. Physical examination to the left shoulder on 02/25/15 revealed tenderness to palpation to the acromioclavicular joint. Range of motion: flexion 135 and abduction 115 degrees. Range of motion on 10/08/14 exam: flexion 130 and abduction 110 degrees. In this case, treater has not provided medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.