MAXIMUS Federal Services

Case Number:	CM14-0149270		
Date Assigned:	09/18/2014	Date of Injury:	12/27/2013
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of December 27, 2013. A utilization review determination dated August 18, 2014 recommends non-certification for computerized range of motion testing. A progress report dated July 9, 2014 identifies subjective complaints of bilateral shoulder pain and elbow pain. Objective examination findings reveal positive Apley's test in the shoulder and tenderness in the medial epicondyle of the elbow. Diagnoses include a right shoulder complete tear, left shoulder tendinitis, right shoulder epicondylitis, left shoulder strain, and bilateral wrist rule out carpal tunnel syndrome. The treatment plan recommends chiropractic treatment, acupuncture, work conditioning, and computerized range of motion and muscle testing. Computerized testing dated May 23, 2014 indicates that computerized muscle testing and range of motion are "medically necessary to follow the functional progress and changes throughout the period of the patient's physical medicine and rehabilitation treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM for the cervical/bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

Decision rationale: Regarding the request for Computerized ROM for the cervical/bilateral upper extremities, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested Computerized ROM for the cervical/bilateral upper extremities is not medically necessary.