MAXIMUS Federal Services

Case Number:	CM14-0161200		
Date Assigned:	10/06/2014	Date of Injury:	07/14/2013
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of July 14, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier shoulder arthroscopy on April 24, 2014.In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for range of motion measurements involving the injured shoulder. The claims administrator's rationale was sparse to negligible. The claims administrator did not incorporate any guidelines into its rationale.In a progress note dated May 7, 2014, the applicant reported persistent complaints of 5-8/10 shoulder pain. Limited shoulder range of motion was apparently noted. Motor function was intact. Norco was prescribed. Physical therapy was sought. The applicant's work status was not furnished.Range of motion testing was apparently sought via an RFA form dated August 13, 2014, the claims administrator posited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION MEASUREMENTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 200, the range of motion of an applicant's shoulder should be determined "actively and passively." Thus, ACOEM does not, by implication support the computerized range of motion measurement seemingly being sought here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.