MAXIMUS Federal Services

Case Number:	CM14-0095561		
Date Assigned:	09/22/2014	Date of Injury:	01/25/2012
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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, and is licensed to practice in Texas. 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 injured worker is a 50 year old woman involved in a work related injury from 1/25/12. The injured worker had a shoulder injury. A diagnosis of partial rotator cuff tear is provided. However, there are illegible notes from 2014 provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM (Range of Motion) Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Range of Motion

Decision rationale: The notes from 5/14 and 6/14 are illegible. It is not clear why special range of motion testing was necessary. The injured worker's range of motion of the shoulder is appropriate, but testing this is a part of a regular medical examination by a trained medical professional. There is no indication for any special sort of computerized range of motion testing, in this case. There is no indication that the injured worker cannot be examined and have such findings recorded appropriately by the medical professional. There is no need for anything special or any special equipment to record range of motion. Therefore, the request is not medically necessary for this injured worker.