

Case Number:	CM15-0006403		
Date Assigned:	01/26/2015	Date of Injury:	04/15/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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 56 year old male, who sustained an industrial injury on 4/15/14. He has reported right shoulder and right arm injury. The diagnoses have included pain right elbow and pain right shoulder. Treatment to date has included medications and physical therapy. (MRI) magnetic resonance imaging of right shoulder performed on 12/15/14 revealed type I anterior, down sloping acromion, trace subacromial-sub deltoid bursitis, severe tendonitis of distal supraspinatus and infraspinatus tendon and small 4 mm cluster of subchondral microcyst formation at mid sagittal lateral humeral head. Currently, the IW complains of pain in right shoulder has decreased and she is able to move around and pain in right elbow increases when using right arm at work. She indicated Voltaren gel helps to relieve the pain. Physical exam noted tenderness at lateral epicondyle and pain at biceps and anterior rotator cuff. On 12/22/14 Utilization Review non-certified a consult for diagnostic range of motion muscle testing, noting the medically necessity could not be established due to no studies to support computerized strength testing of extremities. The ODG was cited. On 1/7/15, the injured worker submitted an application for IMR for review of consult: diagnostic range of motion muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Diagnostic ROM Muscle 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 (ODG) Forearm, Wrist, & Hand Procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, functional improvement measures

Decision rationale: This patient presents with right shoulder lumbar spine and right elbow pain. The treater is requesting CONSULT DIAGNOSTIC ROM MUSCLE TESTING. The RFA dated 12/17/2014 shows a request for ROM, med record review. The patient's date of injury is from 04/15/2014, and he is currently on modified duty. The MTUS and ACOEM Guidelines do not address this request; however, ODG under the pain chapter on 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. The records do not show any diagnostic ROM muscle testing. The report making the request was not made available. The ODG guidelines recommend range of motion testing and muscle testing as part of followup visits and routine examination; however, it is not recommended as a separate billable service. The request IS NOT medically necessary.