

<b>Case Number:</b>	CM15-0017918		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 50 year old woman sustained an industrial injury on 11/11/2010. The mechanism of injury was not detailed. Current diagnoses include cervical disc protrusion, cervcial pain, rule out cervical radiculitis versus radiculopathy, rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, rule out right shoulder internal derangement, left rotator cuff tear, left shoulder impingement syndrome, rule out left shoulder internal derangement, chronic pain, anxiety, and depression. Treatment has included oral medications. Physician notes on a PR-2 dated 12/17/2014 show compliants of pain to the cervical spine, right shoulder and hand, left shoulder and hand, and fingers. Recommendations include NCV/EMG of the upper extremities, orthopedic surgeon consultation, pain management consultation, psychological evaluation, functional capacity evaluation, urine analysis testing, and chiropractic treatment. On 1/21/2015, Utilization Review evaluated a prescription for a retrospective review for follow up office visit with range of motion and strength testing, that was submitted on 1/26/2015. The UR physician noted formal range of motion and strength testing is not supported for this injury. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review for Follow Up Office Visit with Range of Motion and Strength Testing on 08/12/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back section, Flexibility

**Decision rationale:** The MTUS ACOEM Guidelines for lower back complaints includes basic manual range of motion testing as part of a standard physical exam. The ODG states that measuring flexibility, such as with range of motion testing is not recommended as a primary criteria, but should be part of a routine physical examination, but the guidelines do not recommend computerized measurements of range of motion, such as with an inclinometer as the results have unclear value over manual testing. The ODG states that inclinometers may be useful when evaluating symptomatic spondylolisthesis when there is consideration for surgery. In the case of this worker, it is not clear if the request was for computerized range of motion testing or manual range of motion testing and strength testing. Since the only treatment recommended was for chiropractic treatments for the cervical spine along with referral to an orthopedic physician and pain specialist, the repeating of range of motion and strength testing in the shoulders, hands, and cervical spine seems medically unnecessary as there is not a requirement for such detailed range of motion and strength testing to produce a better outcome from the worker. As such, the request is not medically necessary.