

Case Number:	CM15-0110156		
Date Assigned:	06/16/2015	Date of Injury:	01/28/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 1/28/14. She reported pain in her neck, lower back and right upper extremity. The injured worker was diagnosed as having cervical sprain with right radicular pain, lumbar pain with right radicular pain, right shoulder sprain and right lateral epicondylitis. Treatment to date has included a range of motion and muscle strength test on 12/18/14, 1/22/15 and 3/23/15, extracorporeal shockwave therapy, chiropractic treatments, acupuncture and physical therapy and an IF unit. As of the PR2 dated 2/27/15, the injured worker reports pain in her neck, low back and right upper extremity. Objective findings include tenderness to palpation in the cervical and lumbar muscles and normal range of motion in the right elbow and wrist. The treating physician requested range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro ROM Testing DOS 2/16/15: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder pain and pg 29.

Decision rationale: Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Based on the claimant's history of upper extremity restrictions and pain, the range of motion testing is appropriate and medically necessary.