

Case Number:	CM15-0122185		
Date Assigned:	07/06/2015	Date of Injury:	03/13/2013
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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 (IW) is a 46-year-old female who sustained an industrial injury on 03/13/2013. Diagnoses include left acromioclavicular joint arthritis, left bicipital tendinitis and impingement syndrome left shoulder, rule out rotator cuff tear. Treatment to date has included medication, acupuncture, functional capacity evaluation, home exercise program and physical therapy. According to the progress notes dated 4/15/15, the IW reported intermittent left shoulder pain rated 8/10 radiating down the left arm to the wrist. There was no comprehensive physical exam documented on that date. Range of motion of the left shoulder recorded on 3/18/15 was flexion, 115 degrees; extension, 30 degrees; abduction, 95 degrees; adduction 25 degrees; internal rotation, 35 degrees; and external rotation, 30 degrees. MRI of the left shoulder dated 9/19/14 found a full thickness tear of the anterior/posterior supraspinatus tendon and a small effusion in the subdeltoid. A request was made for range of motion testing, left shoulder per 05/27/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ROM Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents with persistent pain in the LEFT shoulder. The request is for RANGE OF MOTION TESTING TO THE LEFT SHOULDER. The request for authorization is not provided. CR of the shoulder, 02/23/15, is unremarkable. Treatment to date has included medication, acupuncture, functional capacity evaluation, home exercise program and physical therapy. Physical examination of the shoulders reveal she had post-surgical scars noted on the right shoulder with full range of motion of the right shoulder with minimal pain on terminal range of motion. She has limited range of motion of the LEFT shoulder with abduction and flexion of 90 degrees, internal rotation is 30 degrees, extension is 30 degrees, and adduction is 35 degrees. On palpation, she has tenderness in the LEFT AC joint, biceps tendon with crepitus noted on range of motion. Tenderness in the subacromial space. Patient's medications include Naproxen, Prilosec and Methoderm ointments. Per progress report dated 04/10/15, the patient is off work. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, ROM should be documented in degrees. ODG-TWC, Pain Chapter under 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. Treater does not discuss the request. Physical examination to the LEFT shoulder on 02/18/15 revealed she has limited range of motion with abduction and flexion of 90 degrees, internal rotation is 30 degrees, extension is 30 degrees, and adduction is 35 degrees. In this case, treater has not provided medical rationale for the request. Range of Motion measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, Range of Motion testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.