

Case Number:	CM15-0174742		
Date Assigned:	09/16/2015	Date of Injury:	08/31/2012
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 60 year old male sustained an industrial injury on 8-31-12. Documentation indicated that the injured worker was receiving treatment for right shoulder residual after prior arthroscopy surgery with repair of the rotator cuff, residual impingement, acromial joint arthrosis and lumbar sprain and strain. Previous treatment included right shoulder arthroscopy with rotator cuff repair (9-12-13), epidural steroid injections and medications. In the only documentation submitted for review, a PR-2 dated 5-6-15, the injured worker complained of right shoulder with intermittent pain and stiffness that increased when reaching overhead. The injured worker reported that abduction and elevation of the shoulder caused a tingling sensation. The injured worker also complained of intermittent low back pain and discomfort and leg cramps. The injured worker stated that he received little benefit from a 2nd lumbar epidural steroid injection done on 2-24-15 with some improvement for a couple of weeks and pain returning slowly. Physical exam was remarkable for right shoulder with range of motion within normal limits, tenderness to palpation at the acromial joint and acromial margin, positive Speed's and impingement tests, discomfort on drop arm test and pain and weakness on resisted external rotation with the arm at the side. Lumbar spine exam showed tenderness to palpation to the lumbar paraspinal musculature with full range of motion and tightness to posterior legs. The injured worker could heel-toe walk normally. The treatment plan included a spine surgery consultation, continuing Ibuprofen and return to clinic in 4-6 weeks. On 8-28-15, Utilization Review noncertified a request for range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Low Back - Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The patient presents on 05/06/15 with intermittent right shoulder pain with a tingling sensation with abduction and elevation of the shoulder, intermittent lower back pain and cramps in the legs. The patient's date of injury is 08/31/12. Patient is status post right shoulder arthroscopic rotator cuff repair on 09/12/13. The request is for RANGE OF MOTION TESTING. The RFA was not provided. Physical examination dated 05/06/15 reveals tenderness to palpation of the right AC joint, right anterior acromial margin, positive Speed's test on the right, positive impingement test on the right, discomfort on drop-arm testing, and pain and weakness on resisted external rotation. Range of motion in the right shoulder is noted to be within normal limits. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles. The patient is currently prescribed Ibuprofen. Per 05/06/15 progress note, patient is advised to remain off work for 6 weeks. MTUS guidelines, Functional Improvement Measures section, 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: 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. In regard to the range of motion testing - presumably for this patient's right shoulder - the request appears excessive. Progress note dated 05/06/15 documents that range of motion in the right shoulder is within normal limits. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits, as such measurements can be easily obtained via clinical examination. That being said, range of motion testing is not recommended as a separate billable service and it is unclear why the provider would seek reimbursement for what should be a routine component of the physical examination. Therefore, the request is not medically necessary.