

Case Number:	CM15-0175403		
Date Assigned:	09/17/2015	Date of Injury:	10/04/2013
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
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: Emergency Medicine

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 35-year-old female, with a reported date of injury of 10-04-2013. The diagnoses include right shoulder pain and dysfunction, right shoulder full-thickness rotator cuff tear, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder partial biceps tendon tear, status post right shoulder arthroscopy, SAD, debridement, and rotator cuff repair, left knee pain, and right elbow lateral epicondylitis. Treatments and evaluation to date have included physical therapy, Ultram, and Methoderm ointments. The diagnostic studies to date have included urine drug screening on 04-14-2015 with negative findings; a urine drug screen on 05-12-2015 with negative findings; an MRI of the left knee on 05-28-2015, which showed intrasubstance degeneration; and a urine drug screen on 06-15-2015 with negative findings. The progress report dated 08-12-2015 indicates that the injured worker stated that he had constant right shoulder pain, which was rated 6-7 out of 10. It was noted that he had completed physical therapy. The injured worker was now able to elevate the right upper extremity with pain. He also had constant left knee pain and dysfunction. The objective findings include tenderness of the anterior acromial margin of the right shoulder, tenderness of the right acromioclavicular joint, intact sensorimotor exam, forward flexion of the right shoulder at 165 degrees, right shoulder abduction at 150 degrees, right shoulder internal rotation at 70 degrees, right shoulder external rotation at 75 degrees, left knee range of motion at 0-140 degrees, tenderness of the left patellar facets, pain on McMurray's. It was noted that an MRI of the left knee showed chondromalacia patella, grade 2 meniscal signal. The injured worker's work status was not indicated. The request for authorization is dated 08-12-2015. The treating physician

requested range of motion testing; however, the site was not specified. On 08-27-2015, Utilization Review (UR) non-certified the 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 (ODG), Shoulder Chapter- Range of Motion and Low Back Chapter-Flexibility.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: As per MTUS ACOEM guidelines, range of motion testing is considered an expected and standard part of a physical exam and assessment. There is no medical indication for any special range of motion testing. This is a billing question and should be worked out between provider and insurance company. From a medical necessity standpoint, range of motion testing is a standard part of an assessment and no specific special testing is indicated. The request is not medically necessary.