

<b>Case Number:</b>	CM15-0064751		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/08/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 is a 61 year old male, who sustained an industrial injury on 6/08/2014. He reported that his job duties involved repetitive bending, lifting, pushing, and pulling, which caused pain in his low back to his right leg. The injured worker was diagnosed as having cervical spine strain/sprain, lumbar spine strain/sprain, cervical spine myospasm, lumbar spine radiculitis, right shoulder strain/sprain, right shoulder clinical impingement, chest pain, tension headaches, lumbar disc desiccation, lumbar spine multi-level disc protrusions with an annular tear, right shoulder partial tear of the supraspinatus and infraspinatus tendons, bursitis and effusion, labral degeneration versus partial tear (per magnetic resonance imaging 1/20/2015), peripheral neuropathy of bilateral lower extremities (per nerve conduction studies on 1/08/2015), and right knee medial meniscus tear, anterior cruciate ligament partial thickness tear, and effusion (per magnetic resonance imaging on 2/19/2015). Treatment to date has included diagnostics, chiropractic, acupuncture, extracorporeal shockwave therapy, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of intermittent right shoulder pain, rated 7/10, constant low back pain with radiation to his right leg and groin, rated 7/10, persistent chest pain, rated 7/10, persistent groin pain, rated 7/10, and intermittent right knee pain, rated 7/10. He stated that medications, especially medicated creams, were helpful. Current medication regime was not noted. Cervical range of motion was limited due to pain and strength was 2+/5. Thoracolumbar range of motion was limited due to pain and strength was 2+/5. Right shoulder range of motion was limited due to pain and strength was 2+/5. Electromyogram and nerve conduction studies

(1/08/2015), lumbar magnetic resonance imaging, and right knee magnetic resonance imaging (2/20/2015) findings were referenced. The treatment plan included continued acupuncture, as well as range of motion and muscle testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Range of Motion and Muscle Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter: initial evaluation.

**Decision rationale:** According to the 03/09/2015 report, this patient presents with a 7/10 "intermittent right shoulder pain". The current request is for Range of motion and muscle testing. The request for authorization is not included in the file for review. The patient's work status is "Total Temporary Disability for 6 weeks". ODG guidelines Shoulder chapter, under initial evaluation, includes ROM and muscle testing as part of the visitation. Based on the reports provided for review, the treating physician does not explain what this muscle test is to entail. If the request was for an EMG, it may be supported by the ACOEM guidelines to differentiate CTS vs. radiculopathy and other conditions. However, the current request does not appear to be for this. "Muscle testing" which may be muscle strength testing, is part of a routine physical examination and does not require separate billing. MTUS page 8 requires that the treater monitor the patient's progress and make appropriate recommendations. Range of motion and muscle testing are part and parcel of an office visitation. There is no need for any additional specialized testing; therefore, this request is not medically necessary.