

Case Number:	CM15-0070626		
Date Assigned:	04/20/2015	Date of Injury:	07/25/2011
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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 54-year-old male, who sustained an industrial injury on 07/25/2011. The injured worker is currently diagnosed as having right shoulder status post arthroscopic labral and subscapularis debridement, postoperative adhesive capsulitis, and right sided chest pain. Treatment and diagnostics to date has included right axilla MRI, right shoulder surgery, cortisone injection, and medications. In a progress note dated 08/05/2014, the injured worker presented with complaints of right shoulder pain. According to the application, Independent Medical Review is being requested for computerized strength and flexibility (CROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength and Flexibility (CROM): 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) Treatment for Workers Compensation, Online Edition Chapter: Shoulder (Acute & Chronic), Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), Computerized Range of Motion (ROM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 48, Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic(Acute & Chronic), Flexibility.

Decision rationale: The requested Computerized Strength and Flexibility (CROM), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent." In addition "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). "They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." The injured worker has right shoulder pain. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Computerized Strength and Flexibility (CROM), is not medically necessary.