

Case Number:	CM15-0071076		
Date Assigned:	04/21/2015	Date of Injury:	06/09/2014
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
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: 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 62 year old male with an industrial injury dated 06/09/2014. His diagnoses included cervical spine disc herniation, cervical spine stenosis, severe carpal tunnel syndrome and medication induced gastritis. Prior treatments included medications and diagnostics. He presents on 03/16/2015 with complaints of upper back pain and right arm numbness. He also complains of anxiety and depression. Physical exam noted tenderness to palpation of the right shoulder area. There were no bruising, abrasions or inflammation. Treatment plan included acupuncture, chiropractic treatment, medications and range of motion and muscle strength 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 Disability Guidelines, Treatment Index, Neck and Upper Back, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Range of motion.

Decision rationale: Per the 03/16/15 report the patient presents with complaints of upper back pain and right arm numbness. The current request is for RANGE OF MOTION AND MUSCLE TESTING. The RFA is not included; however, the 04/03/15 RFA references an RFA dated 10/24/14. The patient is working modified duty. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or muscle strength test. However, ODG, Shoulder Chapter, Range of motion, states, "Recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain." ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, "Not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation." The treating physician does not discuss the reason for this request. ODG guidelines consider examination such as range of motion part of a routine musculoskeletal evaluation and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The request IS NOT medically necessary.