MAXIMUS Federal Services

Case Number:	CM15-0075652		
Date Assigned:	04/27/2015	Date of Injury:	12/13/2013
Decision Date:	05/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 12/13/2013. Current diagnoses include status post left shoulder arthroscopic repair and acromioplasty, left shoulder pain, left biceps sprain/strain, clinical flexor tendonitis, triggering of the left thumb, bilateral moderate carpal tunnel syndrome, medication induced gastritis, and acromioclavicular separation of the left shoulder. Previous treatments included medication management, left shoulder surgery on 11/21/2014, acupuncture, and physical therapy. Previous diagnostic studies include x-rays, MRI, and nerve conduction velocity study. Report dated 04/06/2015 noted that the injured worker presented with complaints that included left shoulder pain with radiation and associated numbness, tingling, pulsating, throbbing, achy, weakness, stiffness, and needles sensation, left thumb pain, and psyche complaints. Pain level was 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for chiropractic and acupuncture, forward the MRI report to the orthopedic surgeon, awaiting an orthopedic consultation, and follow up in four weeks. Disputed treatments include range of motion and muscle testing to the left shoulder.

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 to the left shoulder: 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), 2014 online version: Range of motion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: Per the Guidelines, ROM evaluation is a basic part of musculoskelatal examination and should be routinely performed without the need for a specialist. Therefore, the request for Range of motion and muscle testing to the left shoulder is not medically necessary.