

<b>Case Number:</b>	CM15-0078977		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 44-year-old female, who sustained an industrial injury on 12/08/2014. She has reported subsequent neck, low back and right shoulder pain and was diagnosed with cervical and lumbar myospasm, cervical and lumbar sprain/strain, cervical radiculopathy, right shoulder impingement syndrome and right shoulder sprain/strain. Treatment to date has included physical therapy, electrical stimulation, mechanical traction, myofascial release and application of heat. In a progress note dated 04/06/2015, the injured worker complained of neck, low back and right shoulder pain. Objective findings were notable for decreased and painful range of motion of the cervical and lumbar spine and right shoulder, tenderness to palpation and spasm of the cervical and lumbar paravertebral muscles and tenderness to palpation of the right shoulder. A request for authorization of range of motion once a month was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion once a month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OD, range of motion.

**Decision rationale:** The ACOEM and California MTUS do not specifically address the requested service. The ODG notes that range of motion measurements should be part of the standard physical exam when evaluating a work place injury. Therefore, a separate request for range of motion would not be necessary and the request is not medically necessary.