

<b>Case Number:</b>	CM15-0090197		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 59 year old female, who sustained an industrial injury on 11/01/2007. She reported injuries to her neck and upper extremities. According to a progress report dated 03/25/2015, the injured worker continued with bilateral shoulder pain and discomfort. Pain was rated 7 on a scale of 1-10. Pain radiated to the shoulder blades and arms. She reported constant neck pain with stiffness and muscle tension that was rated 7 and radiated to the bilateral trapezius. She complained of constant pain in the hands bilaterally. Objective findings included tender anterior acromial margins and tender AC joints. Range of motion of the right shoulder demonstrated flexion 175 degrees actively, 158 degrees passively, external rotation 70 degrees, internal rotation 65 degrees and left shoulder active flexion 168 degrees, external rotation 75 degrees and internal rotation 73 degrees. Physical examination revealed positive impingement bilaterally, discomfort on drop arm testing right more than left, negative apprehension, discomfort on cross body adduction and sensorimotor exam was intact. Diagnoses included bilateral shoulder pain and dysfunction currently worse on the right, bilateral shoulder impingement bursitis and rotator cuff tendinosis, bilateral shoulder AC joint arthrosis, status post cervical spine surgery 05/21/2013 and bilateral hand and wrist residuals after surgery. Treatment to date has included a psychological evaluation, medications, physical therapy and electrodiagnostic testing. The injured worker was authorized for bilateral shoulder surgery, but there was a death in the family and she did not want surgery at this time. She wished to proceed with surgery in the future. The provider requested authorization for range of motion, follow up

in 1 month, physical therapy and follow up psych for depression and refill of medications. Currently under review is the request for range of motion testing.

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

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

**Range of Motion Testing:** 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 Official Disability Guidelines (ODG) Shoulder Chapter, Range of motion.

**Decision rationale:** Per the 03/25/15 progress report the requesting physician states the patient presents with bilateral shoulder pain and discomfort radiating to the shoulder blades and arms along with constant neck pain and constant bilateral hand pain. The current request is for RANGE OF MOTION TESTING. Three RFA's are included dated from 07/21/14 to 05/06/15. The patient is Temporarily Totally Disabled as of 03/25/15. 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.