

<b>Case Number:</b>	CM15-0098846		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female who sustained an industrial injury on 10-27-2014. Diagnoses include cervical, thoracic and lumbar myospasm; cervical and lumbar pain; cervical radiculopathy; cervical, thoracic and lumbar sprain, strain; right shoulder impingement syndrome; right shoulder pain; and right shoulder sprain, strain. Treatment to date has included medications, acupuncture, chiropractic and physical therapy. According to the progress notes dated 4-3-2015, the IW (injured worker) reported constant neck pain rated 7 out of 10, radiating into the bilateral upper extremities with numbness; constant thoracic pain rated 7 out of 10; constant low back pain rated 8 out of 10; and constant right shoulder pain rated 7 out of 10. On examination, ranges of motion of the cervical, thoracic and lumbar spine, as well as the right shoulder, were decreased and painful. The paravertebral muscles were tender to palpation and spasms were present. The acromioclavicular joint, anterior, lateral and posterior shoulder, the glenohumeral joint and supraspinatus were all tender to palpation. Cervical compression test was positive and shoulder depression test was positive bilaterally. Kemp's test was positive bilaterally. Straight leg raise was positive bilaterally. Neer test was positive. A request was made for range of motion testing, once per month at doctor's visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion testing, 1 per month at doctor's visit:** 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), Low Back, Lumbar & Thoracic (Acute & Chronic), computerized range of motion (ROM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and is being treated for pain throughout the spine and right shoulder. When seen, pain was rated at 7-8/10. There was decreased and painful range of motion throughout the spine with muscle tenderness and muscle spasms. There was positive Kemp's, Lasegue, and straight leg raising bilaterally. There was decreased and painful right shoulder range of motion with tenderness and positive impingement testing with decreased shoulder strength. Range of motion should be a part of a routine musculoskeletal evaluation. Computerized testing is not recommended and is an unneeded test. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure range of motion using conventional techniques. The requested monthly range of motion testing was not medically necessary.