

Case Number:	CM14-0140525		
Date Assigned:	09/10/2014	Date of Injury:	12/27/2013
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 12/27/2013. The injured worker sustained injuries to her right shoulder reportedly from getting clothes out of the washing machine. The injured worker's treatment history included physical therapy, medications, MRI studies, computerized ROM and muscle testing, extracorporeal shockwave right elbow, physical and manipulating therapy, and injections. The injured worker was evaluated on 05/23/2014 and it was documented the injured worker had undergone a computerized muscle testing and range of motion. The injured worker was tested using the JTECH tracker ROM (a computerized range of motion measurement system utilizing dual inclinometers). The upper extremity revealed shoulder internal rotation on the right was 0 degrees, shoulder external rotation on the right was 0 degrees, shoulder extension on the right was 17 degrees, shoulder adduction on the right was 31 degrees and shoulder abduction was 37 degrees. It was noted when compared to opposite side; greater than 15% strength difference was generally recognized as an indication of motor deficit. Muscle test, lumbar extension was 11 pounds max. Diagnoses included shoulder sprain/strain, elbow sprain/strain, neck sprain/strain and wrist sprain/strain. The Request for Authorization dated 07/09/2014 was for computerized range of motion cervical right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM cervical right upper extremity.: 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), Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Extremity. Computerized Range of Motion. Flexibility.

Decision rationale: According to California MTUS/ACOEM Guidelines, range of motion of the shoulder should be determined actively and passively. The examiner may determine passive range of motion by eliminating gravity in the pendulum position or by using the other arm to aid elevation. Atrophy of the deltoid or scapular muscles is an objective finding but arises only after weeks to months of symptoms. The guidelines state once all other diagnoses have been ruled out, without any specific indications for need for computer-assisted range of motion measurements, there is no need to do such a test. Furthermore, Official Disability Guidelines (ODG) does not recommend computerized range of motion as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, and state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. The documents submitted indicated the injured worker has already had this test done on 05/23/2014. There was no rationale given to repeat study. As such the request for computerized ROM cervical right upper extremity is not medically necessary.