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| Case Number: | CM13-0021636 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 01/26/2009 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine and cardiology, has a subspecialty in Cardiovascular disease, and is licensed to practice in Texas. 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 physician 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.

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 patient is a 65-year-old who reported an injury on 11/04/2010. The patient is diagnosed with lumbar myofascial sprain and strain, right rotator cuff tear status post repair, and cervical degenerative disc disease with radiculopathy. The most recent physical examination is documented on 04/22/2013 by [REDACTED]. Physical examination revealed slight paracervical tenderness to palpation, slight bilateral guarding, severe atrophy of the deltoid in the left shoulder, 2+ deep tendon reflexes, and diminished strength in the left upper extremity. The patient was placed at maximum medical improvement. The patient was given a 9% whole person impairment rating and no further treatment was indicated at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength and flexibility assessment on the cervical spine, upper extension, and lumbar spine, lower extension: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a number of functional assessment tools are available,

including Functional Capacity Examinations and videotapes with regard to re-assessing function and functional recovery. As per the clinical notes submitted, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine, lumbar spine, or lower extremities. The patient has reached maximum medical improvement as of 04/22/2013. The medical necessity for the requested service has not been established. Therefore, the request for Computerized strength and flexibility assessment on the cervical spine, upper extension, and lumbar spine, lower extension is non-certified. The request for a computerized strength and flexibility assessment on the cervical spine, upper extension, and lumbar spine, lower extension, is not medically necessary or appropriate.