

Case Number:	CM13-0034198		
Date Assigned:	12/06/2013	Date of Injury:	08/30/2011
Decision Date:	02/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Maine, and Nebraska. 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. 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 patient is a 61-year-old female who reported an injury on 08/29/2013. The mechanism of injury was not provided for review. The patient underwent cervical fusion surgery. CT scan of the cervical spine revealed a solid bone graft with hardware at the C5-6 and C6-7 levels. The patient also has a history significant for carpal tunnel release on the left side and a lumbar laminectomy. The patient's most recent clinical exam findings included significant weakness of the neck and upper extremities with pain, restricted range of motion, and carpal tunnel paraesthesia. The patient's diagnoses included status post cervical fusion, occipital neuralgia, bilateral upper extremity radiculopathy, and fibromyalgia syndrome, and a nonunion cervical fusion. The patient's treatment plan included pain management and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test Computerized Muscle & Flexibility -- (ROM) Assessments, Cervical Spine And Bilateral Upper Extremities: 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 and Upper Back chapter; and Forearm, Wrist, and Hand chapter

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 Chapter; Flexibility; and Forearm, Wrist, and Hand chapter, Computerized Muscle Testing.

Decision rationale: The requested diagnostic test computerized muscle and flexibility - range of motion assessments, cervical spine and bilateral upper extremities was not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant range of motion and weakness deficits. However, Official Disability Guidelines do not recommend computerized muscle testing of the spine or upper extremities over a lower level of physical examination. The clinical documentation submitted for review does not provide any evidence that additional diagnostic testing over a traditional physical exam would contribute to the patient's treatment plan. As such, the requested diagnostic test computerized muscle and flexibility - range of motion assessments, cervical spine and bilateral upper extremities was not medically necessary or appropriate.