

Case Number:	CM13-0038140		
Date Assigned:	12/18/2013	Date of Injury:	02/08/2012
Decision Date:	04/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 is licensed to practice in New York. 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 39 year old male with a date of injury on 02/08/2012. He was jostled on his seat while loading a trailer using a forklift. He complained of neck and back pain. He has been treated with chiropractic therapy, medication, exercises, back support and cold/hot packs. Disc bulges were noted on MRI of the lumbar and cervical spine. On 07/10/2012 he had Nerve Conduction Study (NCS)/Electromyography (EMG) that revealed bilateral carpal tunnel syndrome with probable mild C7 radiculopathy. On 07/16/2012 he had tingling, numbness and decreased grip strength of the right hand. He had cervical paraspinal muscle tightness and decreased cervical range of motion. There was decreased sensation of the right arm. Forearm and hand. Motor strength was normal. He had a full range of motion of the lumbar spine. On 08/20/2013 he had neck pain and back pain. Non-specific tenderness was noted. On 09/03/2013 the request for bilateral upper extremity and bilateral lowed extremity muscle testing was not certified. On 10/10/2013 EMG/NCS revealed bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MUSCLE TESTING OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: Gross muscle testing strength of the upper extremities is part of the routine evaluation of patients with neck complaints as noted in MTUS ACOEM Chapter 8. However, this is part of the regular office examination. It is unclear what additional upper extremity muscle testing that is requested. There is insufficient documentation to substantiate exactly what type of equipment and measurement of muscle function is requested but there is no objective documentation that any more than the standard medical exam for muscle testing is medically necessary to manage this patient. That is, more specific muscle testing has not been documented to improve the long term functional outcome of the patient and it is not consistent with MTUS ACOEM guidelines.

1 MUSCLE TESTING OF THE BILATERAL LOWER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316.

Decision rationale: Gross muscle testing strength of the lower extremities is part of the routine evaluation of patients with low back complaints as noted in MTUS ACOEM Chapter 12. However, this is part of the regular office examination. It is unclear what additional lower extremity muscle testing that is requested. There is insufficient documentation to substantiate exactly what type of equipment and measurement of muscle function is requested but there is no objective documentation that any more than the standard medical exam for muscle testing is medically necessary to manage this patient. That is, more specific muscle testing has not been documented to improve the long term functional outcome of the patient and it is not consistent with MTUS ACOEM guidelines.