

Case Number:	CM13-0050560		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2013
Decision Date:	03/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 37 year old female with date of injury 9/12/13. The request is for Comprehensive Muscular Activity Profile (CMAP) shoulder protocol. The treating physician diagnosed in the 10/5/13 report: 1. Shoulder pain 719.41 2. Shoulder sprain 840.9 3. Disorders of the bursae and tendons in shoulder region 726.10 The patient has pain affecting the right shoulder that is rated an 8/10 with increased pain upon palpation of the rotator cuff musculature. The utilization review report dated 10/24/13 indicates authorization for MRI of the right shoulder and denial for Comprehensive Muscular Activity Profile (CMAP) shoulder protocol. The rationale for the denial states that the CMAP (and its underlying technology of surface EMG) is investigational in nature and not supported in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profile (CMAP) shoulder protocol: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines do not have references related to the issue at hand.

According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve

Decision rationale: The patient presents with right shoulder pain following a lifting injury on 9/12/13. Treating physician reports reviewed show that the patient had tenderness surrounding the rotator cuff area, positive pain with provocation tests and a positive MRI that revealed partial tearing of the supraspinatus and infraspinatus tendon and extensive atypical tear of the superior and anterior lip of the glenoid labrum. The 10/5/13, 10/27/13 11/5/13 and 11/7/13 reports from the treating physician indicate that there is persistent right shoulder pain with treatment recommendation for Anaprox, Prilosec, Flexeril, TENS, Tramadol ER 150mg #60, and Ketoprofen crÃme. Documentation regarding a discussion or prescription for the need for CMAP could not be located. Comprehensive Muscular Activity Profile (CMAP) is used for detecting submaximal effort on Functional Capacity Testing using surface EMG. Because this patient is not being considered for a functional capacity test and there is no documentation to indicate that the patient is not showing maximum effort during her examination the request for CMAP is not medically necessary. Recommendation is for denial.