MAXIMUS Federal Services

Case Number:	CM13-0062563		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2012
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation 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 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 patient is a 60-year-old female who was seen on 09/25/2013 with complaints of pain in her upper trapezius and periscapular region, bilaterally, the triggering in the long/ring finger of left hand is resolved. The patient has finished acupuncture shoulder and neck with temporary but no long term improvement. Objective findings on exam: the patient is able to flex the neck 45 degrees, extend 40 degrees, rotate right/left and side bend to right/left 45 degrees, tender over medial angle and upper one third of the vertebral border of the left scapula, able to make full fist bilaterally with no triggering or tenderness over A1 pulley of both hands. Patient is diagnosed with cervical trapezial sprain secondary to a fall, trigger finger of left long/ring fingers, resolved. Patient's date of injury is 08/19/2012, when she was serving food she tripped over a mat and landed on the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR FUNCTIONAL MEASURES: COMPUTERIZED STRENGTH AND FLEXIBILITY (ROM): 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).

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 Section.

Decision rationale: The patient is a 60-year-old female who was seen on 09/25/2013 with complaints of pain in her upper trapezius and periscapular region, bilaterally, the triggering in the long/ring finger of left hand is resolved. The patient has finished acupuncture shoulder and neck with temporary but no long term improvement. Objective findings on exam: the patient is able to flex the neck 45 degrees, extend 40 degrees, rotate right/left and side bend to right/left 45 degrees, tender over medial angle and upper one third of the vertebral border of the left scapula, able to make full fist bilaterally with no triggering or tenderness over A1 pulley of both hands. Patient is diagnosed with cervical trapezial sprain secondary to a fall, trigger finger of left long/ring fingers, resolved. Patient's date of injury is 08/19/2012, when she was serving food she tripped over a mat and landed on the back.