

Case Number:	CM13-0068203		
Date Assigned:	01/17/2014	Date of Injury:	02/02/2011
Decision Date:	05/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Emergency 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 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 59-year-old female who was injured on February 2, 2011. The patient continued to experience pain in her left medical elbow with numbness and tingling in her left fourth and fifth fingers. Physical examination was notable for positive grind test on the left, crepitus over the left thumb carpometaphalangeal (CMC) joint, tenderness at the left ulnar nerve, positive Tinel's sign, and positive elbow flexion test. Diagnoses included left ulnar nerve compression at the elbow, left thumb CMC synovitis and osteoarthritis, and thoracic outlet syndrome left arm. Jamar Dynamoter muscle testing showed decreased grip strength on the left. Treatment included medications and stretching exercises. Request for authorization for outpatient muscle testing was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR DATE OF SERVICE 10/24/2013 FOR OUTPATIENT MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Muscle examination in the evaluation of weakness.

Decision rationale: The MTUS does not address this issue. Manual muscle strength is evaluated by the Medical Research council's grading system. The patient's effort is graded on a scale of 0-5 where 0 shows no movement and 5 shows normal muscle contraction against resistance. This scale is widely used and provides adequate clinical information about the patient's strength. There is no clinical indication for the use of strength measuring devices. The request should not be authorized.