

Case Number:	CM14-0001997		
Date Assigned:	01/24/2014	Date of Injury:	02/18/2013
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 57-year-old male with a date of injury of 02/18/2013. The listed diagnosis per [REDACTED] is dislocation of shoulder. According to report dated 12/02/2013 by [REDACTED], the patient presents with complaints of pain in the shoulder and upper arm. The treater is requesting consultation with [REDACTED], neurologist, for patient's headaches, and pain management with [REDACTED] for chronic pain. The treater states the patient is not responding to treatment and is ordering additional treatment. There is a request for authorization for physical therapy 2 times 6 to the neck, thoracic spine, lumbar spine, and right shoulder. The 12/07/2013 progress report by [REDACTED] indicates the patient has numbness and tingling in the right shoulder and arm. The patient has pain in the neck, upper back, low back, and right shoulder. The patient has been experiencing occasional tingling in the right upper extremities for 1 month now. This is the extent of the report. There is no physical examination noted. The request is for a muscle test for 1 limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSCLE TEST ONE LIMB: 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).

Decision rationale: This patient presents with upper extremity complaints. The treating physician is requesting a muscle test for "1 limb". The specifics of this request are unclear as progress reports do not provide a discussion for the request nor is there a request for authorization. The ACOEM, MTUS and ODG guidelines do not specifically discuss muscle testing. However, ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. Muscle testing is also part of routine evaluation included in examination. The treating physician does not explain why muscle test is requested as separate criteria. It should be part of examination performed during office visitation. Recommendation is for denial of the requested muscle test as a separate criteria.