

Case Number:	CM14-0029403		
Date Assigned:	06/23/2014	Date of Injury:	01/17/2012
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine, 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:

Patient is a 46-year-old with date of injury January 17, 2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated January 20, 2014, lists subjective complaints as constant left shoulder pain with associated numbness and tingling. Patient also complains constant lower back pain with associated numbness and tingling. Objective findings: Examination of the thoracolumbar spine revealed decreased range of motion in all planes, normal kyphosis, slight scoliosis, and normal lordosis. Orthopedic tests revealed negative sitting root and positive straight leg raise. Examination of the left upper extremities revealed tenderness to palpation of the left AC joint and the left deltoid. Range of motion was restricted in all planes. Orthopedic test: positive apprehension test. Diagnosis: 1. Status post left shoulder surgery 2. Left shoulder pain 3. Lumbar spine strain/sprain with myospams. Patient underwent left shoulder open rotator cuff repair on July 31, 2012, and subsequent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized MMT (manual muscle testing) for the left shoulder and lumbar: 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 Other Medical Treatment Guideline or Medical Evidence: Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013.

Decision rationale: According to the Blue Cross of California Medical Policy, the use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. The request for a computerized MMT for the left shoulder and lumbar is not medically necessary or appropriate.