

Case Number:	CM14-0030889		
Date Assigned:	06/20/2014	Date of Injury:	12/27/2008
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 54-year-old male who sustained an industrial injury on 12/27/2008, as a result of a slip and fall on a wet surface. The patient had a stroke in 2/2011. Past medical treatment includes medications, chiropractic, injections, and diagnostic studies. The patient was seen for follow-up with his primary treating physician on 2/24/2014, regarding complaints of chronic neck and back pain and right shoulder pain. Physical examination, there is positive tenderness of the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension, discomfort is noted with right upper extremity elevation at approximately 95. Medications were refilled. The patient underwent an orthopedic AME reevaluation on 2/14/2014. The patient remains at MMI. Future medical care for right shoulder, orthopedic consultation and treatment for flareups, physical therapy and/or acupuncture, injections, medications, diagnostic studies, and surgery should be made available. Future medical care for the lumbar spine, consultation and treatment as possible sessions of physical therapy, acupuncture and/or chiropractic care, tens unit and medications may be of benefit. Referral to pain management physician for provision of injections, possible diagnostic studies, and surgical consultation for the possibility of a lumbar surgery. The medical records document an FCE report (including raw data and report of findings) dated 1/13/2014. The medical records document another FCE report by a different provider dated 1/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle testing during exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines addresses computerized muscle testing for the upper extremities.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Computerized muscle testing.

Decision rationale: According to the Official Disability Guidelines, computerized muscle testing is not recommended. The computerized strength and flexibility assessment of the spine and extremities is not considered standard of care. There are no studies to support computerized strength testing of the extremities. This would be an unneeded test. Muscle strength assessment can be performed manually. There is no contrary medical record documentation of findings for this diagnostic procedure. The medical necessity of the request is not established. Therefore is not medically necessary.

Special Report Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CPT Index; Work Loss Data Institute ODG UR advisory entry.

Decision rationale: According to the Official Disability Guidelines, the CPT code 99080 refers to Special reports that are above what is usually included in medical communications. That is more than the information conveyed in the usual medical communications or standard reporting form. The medical records do not establish the medical necessity of the special report. It is reasonable that a standard follow-up evaluation that includes history and physical examination, which would include standard manual muscle strength and ROM/flexibility testing with inclinometer is appropriate. There is no indication that special report is warranted in this case. Give the above the request is not medically necessary.

Neuromuscular diagnostic procedure Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neuromuscular electrical stimulation (NMES devices) are not recommended. The submitted medical records do not provide clarification regarding what is meant by a neuromuscular

diagnostic procedure. The patient had undergone an EMG/NCV of the lower limbs on 1/16/2014, with results documented. It is not clear what medically relevant information was obtained by this "Neuromuscular diagnostic procedure", and how the results had bearing in the course of this patient's care. Give the above the request is not medically necessary.

ROM measurements and report (separatic procedure); each extremity Qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Computerized range of motion (ROM), Flexibility.

Decision rationale: According to the Official Disability Guidelines, computerized ROM testing is not recommended as a primary criteria. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. Furthermore, with extremities, testing visually and/or by inclinometer can be done bilaterally, to easily evaluate whether there is deficit in one versus the other extremity can easily be assessed. Thus, the medical necessity has not been established, therefore is not medically necessary.