

Case Number:	CM14-0036219		
Date Assigned:	07/16/2014	Date of Injury:	03/16/2012
Decision Date:	08/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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:

This patient is a 50 year old female who has developed a widespread chronic pain syndrome secondary to a fall, DOI 3/16/12. She is reported to have cervical, low back, left shoulder and chest pain rated at 6-7/10 on a continuous basis. She has had left shoulder MRI studies X's 2 which showed rotator cuff tendinosis and subacromial bursitis. The low back pain is reported to have a radicular component. Diagnostic studies are reported to show widespread spondylosis of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

comprehensive muscular activity profile - lumbar, lower extremity (right, left, or both unspecified), left shoulder: 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 Official Disability Guidelines (ODG) Low Back, Surface Electromyography Other Medical Treatment Guideline or Medical Evidence: <http://www.cmappro.com/>.

Decision rationale: The requested testing is also known under the abbreviation CMAP. The MTUS Guidelines do not address this specific test, but a literature review revealed that surface EMG measurements are utilized to see if the patient is fully recruiting their muscles. The ODG Guidelines directly address the issue of Surface EMG testing and do not recommend its use. The benefits and usefulness of this testing vs. skilled medical examination has not been demonstrated. There are no unusual circumstances to support an exception to Guideline recommendations. The Comprehensive Muscular Activity Profile is not medically necessary.