

Case Number:	CM14-0069484		
Date Assigned:	07/14/2014	Date of Injury:	04/30/2013
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 note dated 10/2/13, indicates pain in the right shoulder and low back with spasms. Examination noted normal motor strength and reflexes and sensation. The 12/4/13 note indicates diagnosis of sacroilitis with pain in the right hip. It was noted that crossing of the right knee aggravates pain. Examination notes normal strength, sensation, reflexes with normal gait. The 2/24/14 note indicates normal motor strength rated 5/5 in the upper and lower extremity. The 3/24/14 note indicated persistent pain with the same physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Test done without test comp: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initial assessment and documentation Page(s): 33, Postsurgical Treatment Guidelines.

Decision rationale: The medical records provided for review support normal muscle strength with no demonstration of weakness. The MTUS does not support muscle testing as a distinct separate test from physical assessment; therefore, the request is not medically necessary.

