

Case Number:	CM14-0084893		
Date Assigned:	07/25/2014	Date of Injury:	03/28/2012
Decision Date:	09/19/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation 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 injured worker is a 42-year-old male who reported injury on 03/28/2012. The mechanism of injury was cumulative trauma. The prior therapies included physical therapy, medications and chiropractic care. The prior diagnostic studies included x-rays and MRIs. The surgical history was not provided. The clinical documentation of 05/19/2014, revealed the injured worker had residual low back pain aggravated by activities of daily living. The physical examination revealed the injured worker had tenderness in the lower paralumbar region, principally on the left side. There was no focal tenderness in the wrist at the time of examination. The diagnoses included lumbar strain and right TFCC strain. The treatment plan included physical therapy 3 times a week times 3 weeks and a refill of medications include Voltaren 100 mg 1 tablet daily #30, Protonix 20 mg 1 tablet twice a day and Ultram ER 150 mg 1 tablet daily, may increase to 2 times a day as needed. There was no Request for Authorization form or physician note specifically requesting the muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musc tst done w/nerv tst lim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Neck: Low Back, Special Studies: Table 8-7; Table 12-7.

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 Chapter, Flexibility.

Decision rationale: The Official Disability Guidelines (ODG) states that manual muscle testing should be a routine part of musculoskeletal evaluation. There was lack of documentation indicating a rationale for the requested muscle testing. The request, as submitted, failed to indicate the specific testing to be provided and the body part to be tested. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for musc tst done w/nerv tst lim is not medically necessary.