MAXIMUS Federal Services

Case Number:	CM14-0090600		
Date Assigned:	08/01/2014	Date of Injury:	08/20/2012
Decision Date:	11/05/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/17/2014

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 Geriatrics and is licensed to practice in New York. 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 49 year old woman with a date of injury of 8/20/12. She had an MRI of the right shoulder on 2/16/14 showing probable tear of the supraspinatus tendon at its insertion, bicipital tenosynovitis and acromiovlavicular osteoarthritis. The most recent clinic note is from her acupuncture provider on 2/6/14. She had neck and shoulder complaints. Her functional capacity was said to be slightly improved including her overall strength. The request for a motor strength test is from 4/24/14 but there is no accompanying note in the records. At issue in this review is the request for a motor strength test for a supraspinatus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strength Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 12th Edition (web) 2014 Forearm, Wrist & Hand (Acute & Chronic) - Computerized Muscle Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: A motor strength test is a very non-specific request. The records indicate that this injured worker has a supraspinatus tear documented on right shoulder MRI. She had improved strength in an acupuncture visit in 2/14. Strength of the supraspinatus and infraspinatus can be tested to diagnose rotator cuff tear or tendonopathy. This can be accomplished on a routine shoulder physical exam. The records do not document the medical necessity for a strength test.