

Case Number:	CM14-0095122		
Date Assigned:	09/15/2014	Date of Injury:	05/22/2013
Decision Date:	12/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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:

Patient is a 58 year-old male with date of injury 05/22/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/23/2014, lists subjective complaints as low back pain with radicular symptoms to the right groin and thigh and pain in the right shoulder. Patient has completed an unspecified number of physical therapy and acupuncture sessions and reported decreased pain temporarily. Objective findings: Examination of the lumbar spine revealed tenderness to palpation with spasms of the right paraspinal muscles and tenderness to palpation of the right sacroiliac. Range of motion was limited secondary to pain. Positive sitting root test. Sensation was intact to the bilateral lower extremities. Reflexes were 2+ and symmetrical bilaterally. Examination of the right shoulder revealed tenderness to palpation with spasms of the right upper trapezius muscle and tenderness to palpation of the glenohumeral and acromioclavicular joints. Limited range of motion, secondary to pain. Positive impingement, apprehension sign, and empty can's test. Diagnosis: 1. Lumbar spine strain/sprain with radiculopathy 2. Lumbar spine disc desiccation 3. Lumbar spine hemangioma 4. Right shoulder strain/sprain 5. Right shoulder impingement 6. Right shoulder osteoarthritis 7. Right shoulder tendinosis 8. Right shoulder labral tear 9. Right shoulder effusion 10. Myospasms 11. Gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM and Strength Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013

Decision rationale: The use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. Computerized ROM and Strength Testing is not medically necessary.