

Case Number:	CM14-0116150		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	01/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine and is licensed to practice in New Jersey & 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 57 year-old female who was injured on 8/1/13. She had injuries to her right elbow, left arm and shoulder, back, and left leg. She complained of cervical and lumbar spine pain radiating to left arm and left leg. On exam, she had tender cervical and lumbar spine with decreased range of motion. She had a positive Spurlings test on the left and positive straight leg raise on the left. She was diagnosed with lumbar spine musculoligamentous injury and radiculopathy. A 1/2014 MRI showed cervical disc protrusion. Her medications included anti-inflammatories, muscle relaxants, and topical analgesics. The request is for 5 step grip strength testing. The chart has many handwritten notes that were illegible with minimal clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 stage grip strength testing: 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) <Hand, wrist, forearm><Computerized muscle testing

Decision rationale: MTUS does not address this so ODG guidelines were used. "According to ODG, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test." Strength test can be done manually during the physical exam. There is no evidence that the muscle test is clinically necessary and relevant in developing a treatment plan. There is not rationale as to why this test was ordered. Therefore the request is not medically necessary.