

Case Number:	CM14-0206006		
Date Assigned:	12/18/2014	Date of Injury:	11/08/2013
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 26 year-old female with date of injury 11/08/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/14/2014, list subjective complaints as pain in the neck and right knee. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinals and trapezii with spasm. Range of motion was restricted. Examination of the right knee revealed tenderness to palpation of the medial and lateral joint lines. Swelling of the right knee was also noted. Diagnosis: 1. Cervical strain 2. Headaches secondary to cervical strain 3. Left shoulder tendinitis 4. Lumbosacral strain 5. 5mm disc protrusion at L4-L5. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two months. No previous range of motion testing was documented in the records supplied for review. Medication: 1. Menthoderm Gel (no dosage given).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) computerized ROM and Muscle 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)

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not address quantitative muscle testing devices; consequently, alternative guidelines were used. According to the Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, 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. One (1) computerized ROM and Muscle testing is not medically necessary.

One (1) refill of Mentherm gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: Mentherm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Mentherm Gel. One (1) refill of Mentherm gel is not medically necessary.