

Case Number:	CM15-0107520		
Date Assigned:	06/11/2015	Date of Injury:	06/27/2010
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 6/27/10. He reported pain in his hands and lower back after a slip and fall accident. The injured worker was diagnosed as having lumbar sprain, lumbar facet syndrome and bilateral wrist injuries. Treatment to date has included a bilateral wrist MRI on 3/3/15, an EMG/NCS on 4/30/15 and oral pain medications. On 1/6/15, the injured worker reported constant pain in his bilateral hands/wrists and 10/10 pain in his mid-low back. As of the PR2 dated 5/5/15, the injured worker reports no changes in his symptoms since the last visit. The treating physician requested a comprehensive muscular activity profile for the bilateral hands and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Muscular Activity Profile for the bilateral hands: 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), Fit for Duty, Comprehensive muscular activity profiler.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty section, Comprehensive Muscular Activity Profile (CMAP).

Decision rationale: Pursuant to the Official Disability Guidelines, Comprehensive Muscular Activity Profile (CMAP) for bilateral hands is not medically necessary. Comprehensive Muscular Activity Profile is not recommended for routine use of patient rehabilitation or screening. It may be used as part of a functional capacity evaluation. Functional capacity evaluations are recommended in the Official Disability Guidelines only prior to admission to a work hardening program. In this case, the injured worker's working diagnoses are bilateral hand pain; lumbar sprain strain; and lumbar facet syndrome. The progress note dated May 5, 2015 states a CMAP is warranted to determine if the patient is truly having the level of symptomatology that he is claiming. CMAP is not recommended for routine use of patient rehabilitation and screening. The progress note dated May 5, 2015 does not indicate a change in subjective complaints. There is no physical examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations, Comprehensive Muscular Activity Profile for bilateral hands is not medically necessary.

Comprehensive Muscular Activity Profile for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fit for Duty, Comprehensive muscular activity profiler.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty section, Comprehensive Muscular Activity Profile (CMAP).

Decision rationale: Pursuant to the Official Disability Guidelines, Comprehensive Muscular Activity Profile (CMAP) for the lumbar spine is not medically necessary. Comprehensive Muscular Activity Profile is not recommended for routine use of patient rehabilitation or screening. It may be used as part of a functional capacity evaluation. Functional capacity evaluations are recommended in the Official Disability Guidelines only prior to admission to a work hardening program. In this case, the injured worker's working diagnoses are bilateral hand pain; lumbar sprain strain; and lumbar facet syndrome. The progress note dated May 5, 2015 states a CMAP is warranted to determine if the patient is truly having the level of symptomatology that he is claiming. The progress note references the bilateral hands only. There is no clinical indication or rationale for CMAP of the lumbar spine. Additionally, CMAP is not recommended for routine use of patient rehabilitation and screening. The progress note dated May 5, 2015 does not indicate a change in subjective complaints. There is no physical examination. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and guideline non-recommendations, Comprehensive Muscular Activity Profile for the lumbar spine is not medically necessary.