

Case Number:	CM15-0126570		
Date Assigned:	07/13/2015	Date of Injury:	05/11/2014
Decision Date:	11/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury 05-11-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical sprain-strain, disc disease and radiculopathy; left shoulder impingement, and left wrist carpal tunnel syndrome. Medical records (05-21-15) reveal the injured worker complains of neck, upper and low back pain, bilateral upper extremity pain, pain in the left arm with associated numbness, tingling, weakness of the bilateral hands, arms, legs, and feet; as well as depression and anxiety. The physical exam (05-21-15) reveals decrease range of motion in the bilateral shoulders. Prior treatment includes cortisone injections, and therapies. The original utilization review (06-15-15) n on certified the request for comprehensive muscle activity profile (CMAPPRO) of the median nerve of the neck, wrist, and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profile (CMAPPRO) median nerve of neck, wrist & hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Occup Rehabil. 2009 Mar;19(1):49-55. doi: 10.1007/s10926-008-9156-x. Epub 2008 Nov 15. The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. Gatchel RJ1, Ricard MD, Choksi DN, Mayank J, Howard K.

Decision rationale: The guidelines do not address CMAPPRO. According to the referenced literature, the CMAPPRO allows for better measurement of muscle activity than that determined by a therapist when one is going through range of motion. It is also a new modality known as surface EMG. In this case, the claimant has had an MRI, which showed disc pathology. The exam findings showed very "scant findings" on physical exam of the cervical spine. There was no indication that traditional EMG/NCV would not suffice. CMAPPRO is not considered routine practice for neck, wrist and hand muscle activity. The request for CMAPPRO is not medically necessary.