

Case Number:	CM15-0183599		
Date Assigned:	11/06/2015	Date of Injury:	09/18/2014
Decision Date:	12/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 9-18-2014. The medical records indicate that the injured worker is undergoing treatment for cervical myospasm, cervical radiculopathy, cervical sprain-strain, rule out cervical disc protrusion, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder myospasm, left shoulder pain, left shoulder sprain-strain, status post left shoulder surgery, and posterior labrum tear. According to the progress report dated 8-11-2015, the injured worker presented with complaints of intermittent, severe, dull, achy neck pain with radiation to the left shoulder. She notes constant, severe, achy, throbbing left shoulder pain with radiation to her hand, associated with numbness. On a subjective pain scale, she rates her pain 8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation with spasm over the bilateral trapezii and paravertebral muscles. Examination of the left shoulder reveals mild-to moderate swelling in the left upper trapezius, restricted and painful range of motion, and tenderness to palpation over the acromioclavicular joint, anterior shoulder, glenohumeral joint, lateral shoulder, posterior shoulder, and supraspinatus. Jamar grip strength is 20-18-19 on the right and 14-11-11 on the left. The current medications are not specified. Treatments to date include medication management, acupuncture, and surgical intervention. Work status is described as off work. The original utilization review (8-21-2015) had non-certified a request for Jamar muscle testing 1 X month.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAMAR muscle testing 1 times a month per doctor's visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. 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 ODG, Upper extremity, specialized muscle testing.

Decision rationale: The most up to date records indicate that the patient has complaints of severe neck pain in addition to severe left shoulder pain which travels to the hand. The current request for consideration is Jamar muscle testing 1 x per month per doctors visit. The 9/15/15 progress report offers no discussion regarding the above request. The ODG notes that specialized muscle testing is not recommended. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for Jamar muscle testing outside of the standard routine part of a physical examination which can be performed in less a couple minutes. The request is not consistent with routine practice and medical guidelines and therefore not appropriate and not medically necessary.