

<b>Case Number:</b>	CM15-0199624		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, New York, 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:

The applicant is a represented 73-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 31, 2010. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for "muscle testing". The claims administrator framed the request as a request for a Functional Capacity Evaluation. Non-MTUS Chapter 7, ACOEM Guidelines were invoked in the determination and were, moreover, mislabeled as originating from the MTUS. A July 29, 2015 office visit was referenced in the determination. On September 2, 2015, the applicant was placed off of work, on total temporary disability. Moderate-to-severe neck and shoulder pain complaints were reported. The applicant had undergone earlier shoulder surgery, it was reported, and reportedly had permanent residuals of the same. On July 29, 2015, the applicant was again placed off of work. A follow-up visit with the spine surgeon and tramadol were endorsed. The applicant was seemingly kept off of work. The note was sparse, thinly developed, and did not seemingly furnish a clear rationale for the muscle testing request at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** No, the request for "muscle testing" was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 9, page 200 suggests that the neurologic status of the shoulder should be assessed via a conventional motor and sensory exam. The request, as written, appeared to represent a request for computerized range of motion testing. It was not, however, clearly stated why such testing was performed in the face of the position set forth in the MTUS Guideline in ACOEM Chapter 9, page 200 to the effect that the claimant's neurologic and motor function should be addressed as part and parcel of the attending provider's usual and customary physical examination. Therefore, the request was not medically necessary.