

<b>Case Number:</b>	CM15-0203820		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 27 year old female injured worker suffered an industrial injury on 8-2-2014. The diagnoses included Thoracic strain and shoulder sprain-strain. On 8-27-2015, the treating provider reported. On exam, there was constant tight and stiffness with throbbing pain of the neck. There was frequent pain, numbness and tingling radiated to the right arm. There was right greater than left hip bone and joint pain radiated to the groin and upper thigh and reported back muscle spasms. There was moderate tenderness to the cervical thoracic spine with numbness and tingling of the neck to the shoulder. Prior treatment included chiropractic therapy. The medical records did not include indication for the JAMAR muscle testing. The Utilization Review on 9-22-2015 determined non-certification for JAMAR Muscle testing one time per month per doctor's visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**JAMAR Muscle testing one time per month per doctor's visit: 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), Office visits ACOEM Chapter 6 page 115.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, and Shoulder Complaints 2004, Section(s): Physical Examination, and Low Back Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** JAMAR Muscle testing one time per month per doctor's visit is not medically necessary per the MTUS Guidelines. The MTUS ACOEM neck and upper back, shoulder and low back chapter state that muscle strength testing is part of the routine history and physical examination. The documentation does not reveal extenuating circumstances that necessitate separate specialized JAMAR muscle testing therefore this request is not medically necessary.