

<b>Case Number:</b>	CM15-0209366		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Internal Medicine, Rheumatology

### 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 46 year old, female who sustained a work related injury on 12-11-14. A review of the medical records shows she is being treated for neck and right shoulder pain. In the progress notes dated 7-30-15 and 8-5-15, the injured worker reports sharp neck pain and stiffness radiating to both arms. She rates this pain a 7 out of 10. She reports intermittent moderate right shoulder pain and weakness. She rates this pain a 7 out of 10. These pain levels have not changed much in the last several progress notes. On physical exam dated 8-5-15, she has tenderness and spasm to cervical paravertebral muscles and bilateral trapezii. Compression and shoulder depression are positive bilaterally. She has tenderness to palpation to the right acromioclavicular joint, anterior shoulder and lateral shoulder. Neer's test causes pain. Treatments have included right shoulder surgery on 5-14-15 and medication. Current medications include Tramadol and Protonix. She is not working. The treatment plan includes requests for acupuncture, physical therapy and an orthopedic surgical consult. The Request for Authorization dated 8-31-15 has requests for JAMAR muscle testing. In the Utilization Review dated 9-28-15, the requested treatment of JAMAR muscle testing once a month at every doctor's visit is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**JAMAR muscle testing once a month per doctor's visit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 46 year old female has complained of right shoulder pain and neck pain since date of injury 12/11/2014. She has been treated with surgery, physical therapy and medications. The current request is for JAMAR muscle testing once a month per doctor's visit. The available medical documentation does not contain provider rationale for obtaining such testing nor is there documentation regarding functional goals of the requested testing. On the basis of the available medical records and per the guidelines cited above, JAMAR muscle testing once a month per doctor's visit is not indicated as medically necessary.