

Case Number:	CM15-0021487		
Date Assigned:	02/11/2015	Date of Injury:	07/29/2011
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female, who sustained an industrial injury on 07/29/2010-07/29/2011. The diagnoses have included cervical myalgia, cervical myospasm, and cervical radiculitis/neuritis. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the right shoulder on 01/06/2015 showed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, tenosynovitis of the lone head of the biceps tendon, and arthropathy of the acromioclavicular joint. MRI of the right shoulder dated 12/23/2014 showed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, tenosynovitis of the long head of the biceps tendon, and a small joint effusion of the glenohumeral joint. In a progress note dated 12/15/2014, the injured worker presented with complaints of constant neck and shoulder pain and intermittent wrist and hand pain. The treating physician reported tenderness, guarding, and spasm on examination in the paravertebral region and upper trapezius muscles bilaterally. Utilization Review determination on 01/27/2015 non-certified the request for Follow Up Visit with Range of Motion Measurement and Addressing Activities of Daily Living citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion, measurement and addressing ADL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Computerized Muscle Testing.

Decision rationale: Per the ODG guidelines with regard to computerized muscle testing: Not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. As the request is not recommended, it is not medically necessary.