

Case Number:	CM15-0023315		
Date Assigned:	02/12/2015	Date of Injury:	06/22/2012
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 47-year-old female reported a work-related injury on 6/22/2012. According to the Occupational Follow Up Visit notes from the treating provider dated 12/9/2014, the injured worker reports pain in the right shoulder, radiating down the arm and into the fingers. The diagnoses include right rotator cuff strain, right biceps tendinitis and impingement. Previous treatments include medications, physical therapy and injections. The treating provider requests a comprehensive muscle activity profile for the right upper extremity. The Utilization Review on 1/14/2015 non-certified the request for a comprehensive muscle activity profile for the right upper extremity, citing Official Disability Guidelines, Treatment Index recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscle activity profile for the right upper extremity (CMAP RUE):

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), Low Back, Electrodiagnostic functional assessment (EFA), Shoulder, range of motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64 (2) Gatchel RJ, Ricard MD, Choksi DN, Mayank J, Howard K. The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. J Occup Rehabil. 2009 Mar;19 (1):49-55

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating right shoulder pain. A Comprehensive Muscular Activity Profile (CMAP) can be recommended for detecting submaximal effort on functional capacity testing. In this case, there is no functional capacity evaluation being planned and therefore this request was not medically necessary. Guidelines address range of motion and strength which should be a part of a routine musculoskeletal evaluation. In this case, the claimant's primary treating provider would be expected to be able to measure strength and flexibility of the upper extremities. The requested CMAP is therefore not medically necessary.