

<b>Case Number:</b>	CM15-0211865		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/16/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female with a date of injury of July 16, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for rule out cervical and lumbar spine disc protrusions, rule out left shoulder impingement, and status post right shoulder surgery. Medical records dated August 28, 2015 indicate that the injured worker complained of neck pain, lower back pain, and bilateral shoulder pain. A handwritten progress note dated September 22, 2015 documented complaints of shoulder pain and back pain. Per the treating physician (September 22, 2015), the employee was not working. The physical exam dated August 28, 2015 reveals tenderness to palpation and diminished range of motion of the cervical spine, lumbar spine, and bilateral shoulders. The handwritten progress note dated September 22, 2015 documented a physical examination that showed decreased range of motion of the bilateral shoulders. Portions of the progress note were difficult to decipher. Treatment has included at least ten acupuncture sessions and NIOSH static strength testing (August 24, 2015). The utilization review (October 1, 2015) non-certified a request for motor strength testing for the cervical spine, lumbar spine, and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motor strength testing for the cervical and lumbar spine and bilateral shoulders: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 86.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on the NIOSH testing. The ODG guidelines, consider strength testing and flexibility as part of the routine exam. In this case, the claimant had a physical exam recently at which time functional evaluation can determine strength and flexibility. A formal motor strength testing is not medically necessary.