

Case Number:	CM15-0213095		
Date Assigned:	11/03/2015	Date of Injury:	07/12/2013
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old man sustained an industrial injury on 7-12-2013. Diagnoses include left shoulder bursitis, impingement syndrome, pain, sprain-strain, and tenosynovitis. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes on a PR-2 dated 9- 22-2015 show complaints of left shoulder pain with numbness, tingling, and weakness. The physical examination shows JAMAR 25-25-25 right and 10-20-20 left. Range of motion is noted to be flexion 170 out of 180 degrees, extension 25 out of 50 degrees, abduction 165 out of 180 degrees, adduction 25 out of 40 degrees, external rotation 70 out of 90 degrees, and internal rotation 65 out of 80 degrees. Tenderness is noted to palpation of the acromioclavicular joint, anterior shoulder, posterior shoulder, and supraspinatus. Supraspinatus press is positive. Recommendations include orthopedic review of MRA of the left shoulder, chiropractic care, and follow up within six weeks. Utilization Review denied a request for JAMAR muscle testing on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Jamar muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: Based on the 9/22/15 progress report provided by the treating physician, this patient presents with constant, moderate, sharp, and stabbing left shoulder pain with numbness/tingling/weakness. The treater has asked for Jamar muscle testing on 9/22/15. The patient's diagnoses per request for authorization dated 9/28/15 are pain in joint, shoulder region; disorders bursae/tendons shoulder unspecified; shoulder impingement; shoulder s/s. The patient is s/p 24 physical therapy sessions to date, and 30 acupuncture sessions to date with unspecified benefit per 9/22/15 report. The left shoulder pain is aggravated by repetitive movement, repetitive reaching, repetitive pushing, and repetitive pulling per 9/22/15 report. The patient's pain level in the left shoulder is rated 5/10 per 7/8/15 report. The patient is currently permanent and stationary as of 6/22/15 report. MTUS, Functional Improvement Measures section, page 48 states: "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Per requesting report dated 9/22/15, the patient presents with chronic left shoulder pain. The physical exam on 9/22/15 showed that the patient is left hand dominant, and documented the results of a Jamar grip strength test, second notch: Right 25, 25, 25 Kg, left: 10, 20, 20 Kg. The request is for Jamar Grip Test. In this case, the treater has not provided a rationale for the request. Jamar grip tests can be easily obtained via clinical examination. As such testing is part of the follow-up visit and routine physical examination, it is thus not considered as a separate billable service. Therefore, the request is not medically necessary.