

Case Number:	CM15-0039758		
Date Assigned:	03/10/2015	Date of Injury:	06/08/2014
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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, 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 61 year old male who sustained an industrial injury on 6/8/14. The injured worker reported symptoms in the shoulder, back, chest and groin. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine sprain/strain, lumbar spine radiculitis, right shoulder clinical impingement, right shoulder sprain/strain, tension headaches, lumbar spine disc desiccation, right shoulder partial tear of the supraspinatus and infraspinatus tendons, right shoulder effusion and bursitis. Treatments to date have included chiropractic treatment. In a progress note dated 2/3/15 the treating provider reports the injured worker was with "tenderness to palpation with spasms of the upper trapezius muscles...limited range of motion secondary to pain...tenderness to palpation with spasms of the lumbar paraspinals bilaterally."

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion (ROM) & Muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Flexibility and Knee Chapter, Computerized muscle testing.

Decision rationale: Regarding the request for ROM and muscle testing, CA MTUS, ACOEM, and ODG support that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal and neurological systems. A general physical examination for a musculoskeletal/neurological complaint typically includes range of motion, strength, and sensory testing using a goniometer, dynamometer, and/or other analog testing methods. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal/neurological examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested ROM and muscle, testing is not medically necessary.