

Case Number:	CM15-0040527		
Date Assigned:	03/10/2015	Date of Injury:	01/07/2011
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 58 year old female, who sustained an industrial injury on January 7, 2011. She has reported neck pain, left shoulder pain, and left hip pain. Diagnoses have included left shoulder labral tear, left hip labral tear, left knee strain and back pain. Treatment to date has included medications, cervical spine injections, and imaging studies. A progress note dated December 30, 2014 indicates a chief complaint of continued left shoulder and left hip pain. The treating physician documented a plan of care that included magnetic resonance imaging of the left shoulder and a comprehensive muscle activity profile of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profiler (CMAP) study for the left hip, per 12/30/14 order: 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) Fitness for Duty (updated 09/23/14), Comprehensive muscular activity profiler, see Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Comprehensive muscular activity profiler (CMAPPro) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents with left shoulder, back, left hip and knee pain. The request is for COMPREHENSIVE MUSCULAR ACTIVITY PROFILER (CMAP) STUDY FOR THE LEFT HIP, PER 12/30/14 ORDER. Physical examination to the left hip on 12/30/14 revealed tenderness to palpation in the hip abductors including the glutus minimus, mildly tender in the tensor fascia lata muscle and at the greater trochanter. Per 10/30/14 progress report, patient's diagnosis include left shoulder contusion and labral tear s/p surgery, left hip contusion and labral tear, surgery pending, left knee contusion and strain, stable, and back pain, stable. Patient's work status is unknown. ODG Fitness For Duty, Low Back Lumbar & Thoracic (Acute & Chronic) chapter, under Comprehensive muscular activity profiler (CMAPPro) states: "See Functional capacity evaluation (FCE). The Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. The device captures and quantifies information regarding the interactivity of muscles and nerves while a patient is in motion." ODG Fitness For Duty, Low Back Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Treater has not provided a reason for the request. The request is for comprehensive muscular activity profiler study (CMAPPro). ODG Guidelines states that the Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. In this case, Patient is diagnosed with left hip contusion and labral tear, and is pending surgery. The treating physician does not explain why CMAPPro is crucial and how it would change patient's course of treatment. Therefore, the request IS NOT medically necessary.