

Case Number:	CM15-0041638		
Date Assigned:	03/11/2015	Date of Injury:	06/10/2013
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, New York

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:

The injured worker is a 56-year-old male, who sustained an industrial injury on June 10, 2013. He has reported mid and lower back pain and right shoulder pain. Diagnoses have included lumbar and thoracic spine strain and rotator cuff strain. Treatment to date has included medications, exercise, and therapy. A progress note dated February 9, 2015 indicates a chief complaint of thoracic and lumbar spine pain. The treating physician documented a plan of care that included therapy and a comprehensive muscular activity profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profile (CMAP) to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, pages 132-139; Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. doi: 10.1007/s10926-008-9156-x. Epub 2008 Nov 15.

Decision rationale: The request is considered not medically necessary. MTUS and ODG guidelines do not specifically address the use of CMAP but it is used in conjunction with functional capacity evaluation. It is used to detect sub maximal effort on a functional capacity test. Because the patient is not being considered for a functional capacity test and there is no documentation showing that patient was using sub maximal effort during her exam, the request is considered not medically necessary.