

<b>Case Number:</b>	CM15-0082595		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/08/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, 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 June 8, 2014. The injured worker was diagnosed as having cervical, right shoulder and lumbar strain/sprain, cervical myospasm, lumbar radiculitis, right shoulder impingement, tension headaches and chest pain. Treatment and diagnostic studies to date have included psychiatric evaluation, surgical consultation and medication. A progress note dated April 6, 2015 states that the injured worker complains of right shoulder pain rated 6/10. He reports the pain starts in upper back and radiates to right shoulder. Low back pain is rated 6/10 and radiates down the right leg with numbness. His chest pain increases when bending and is 6/10 at the worst. He also reports groin and right knee pain. Physical exam notes normal cervical exam, tenderness to palpation with spasms of the right upper trapezius muscle, tenderness on palpation of the sternum and lumbar spine. The plan includes acupuncture, muscle testing and continued medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion and Muscle Testing for the Cervical Spine:** 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, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

**Decision rationale:** Regarding the request for range of motion and muscle testing, the Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal 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 current requested is not medically necessary.