

Case Number:	CM15-0017703		
Date Assigned:	02/05/2015	Date of Injury:	07/01/2014
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii

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 53 year old female, who sustained an industrial injury on 7/1/2014. The diagnoses have included status post head trauma, resolving cervical strain, lumbar spine strain, right hip strain and resolving left knee strain. Treatment to date has included physical therapy, chiropractic treatments, ibuprofen and massage. According to the progress note dated 10/31/2014, the injured worker was seen for follow up on a work related injury to her left hip, cervical spine, lumbar spine and left knee. She complained of pain in her left hip, left lateral back and left knee. She was using Ibuprofen 600mg on a daily basis. Physical exam revealed a strong, steady gait. Lumbar spine exam revealed tenderness to palpation from approximately L3 and L4 to the sacral area of the paravertebral musculature. Tenderness extended to the left, low back. On 1/28/2015, Utilization Review (UR) non-certified a request for Compound Muscle Action Potential (CMAP) with cervical protocol. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound muscle action potentials (CMAP) with Cervical protocol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter ,Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Neck and Upper Back Chapter, Flexibility

Decision rationale: The patient presents with left hip, cervical spine, lumbar spine, and left knee pain. The current request is for Compound muscle action potentials (CMAP) with Cervical protocol. CMAP is a dynamic assessment evaluation and measures muscle activity. The treating physician states, "She continues to complain of left hip pain, left lateral back pain and left knee pain. She states that it is a 7-8 without the use of Motrin. Currently it is at a 5." (b.7) In reviewing the medical records submitted, I was unable to locate any reference to the current request. According to the Utilization Review Report dated 01/28/15 the treating physician report 1/07/15 indicates ROM is within normal limits for all functional movements. The ODG guidelines with regards to flexibility state, "Not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent." In this case, there is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. The current request is not medically necessary and the recommendation is for denial.