MAXIMUS Federal Services

Case Number:	CM13-0011736		
Date Assigned:	02/12/2014	Date of Injury:	05/11/2013
Decision Date:	05/28/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 44-year-old female patient who sustained an industrial injury on 05/11/2013. She was injured when a luggage cart rolled over her left foot. Her diagnosies inlcude left foot pain, left ankle pain, and post-traumatic stress disorder. She complains of left foot, left ankle, and low back pain. On exam there is tenderness of the 3rd, 4th, and 5th toes and metatarsal areas; foot eversion to 35%, left ankle flexion 70% of normal. The patient has also undergone a psychological evaluation. She has been treated with medical therapy, activity modification, walking boot, physical therapy, biofeedback, acupuncture, and chiropractic care. Review of records also indicates that the patient underwent computerized testing on 9/17/13 and 7/15/13. The treating provider has requested computerized muscle testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED MUSCLE TESTING BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES KNEE & LEG (UPDATED 06/07/13), COMPUTERIZED MUSCLE TESTING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, COMPUTERIZED MUSCLE TESTING.

Decision rationale: The Official Disability Guidelines indicate that computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. There is no rationale to justify the use of computerized muscle testing. Manual testing is considered sufficient, and it remains unclear why manual testing would be insufficient in this case. The request is not medically necessary.