

Case Number:	CM13-0023673		
Date Assigned:	03/03/2014	Date of Injury:	08/16/2010
Decision Date:	05/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

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:

Thus far, the patient has been treated with Tramadol, amitriptyline, physical therapy, injections without relief of pain, orthotics, and right lower extremity surgery in September 2010 and March 2012. MRI of the right foot performed December 2012 was unremarkable. Patient had computerized ROM and muscle testing in July 2013 which showed moderate loss of motion on foot inversion and mild loss of motion on ankle dorsiflexion on the right, and mild strength deficits of the right ankle/foot. The patient remains off work since date of injury. Patient has reached maximal medical improvement and is permanent and stationary. In a utilization review report of August 26, 2013, the claims administrator denied a request for computerized ROM assessments of the lower extremities; for computerized muscle and flexibility assessments of the lower extremities; and for muscle testing during exercise as these tests were not deemed necessary. Examination dated June 28, 2013 noted that patient is not taking medications as they have not shown any benefit. Examination showed tenderness over the ankle with positive Tinel's sign on the right, with limited range of motion and increased sensation. Patient reports occasional right great toe numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED ROM ASSESSMENTS LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Flexibility.

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

Decision rationale: CA MTUS does not specifically apply. As noted in ODG Knee & Leg chapter, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities making it an unnecessary test. In addition, this patient had a computerized ROM and muscle testing of the lower extremities on July 2013. There is no discussion as to why a computerized test would be needed for this patient and the usual clinical exam will not suffice. A change or progression in objective findings was not corroborated. Therefore, the request for computerized ROM assessments of the lower extremity was not medically necessary per the guideline recommendations of ODG.

COMPUTERIZED MUSCLE & FLEXIBILITY ASSESSMENTS LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Flexibility.

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

Decision rationale: CA MTUS does not specifically apply. As noted in ODG Knee & Leg chapter, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities making it an unnecessary test. In addition, this patient had a computerized ROM and muscle testing of the lower extremities on July 2013. There is no discussion as to why a computerized test would be needed for this patient and the usual clinical exam will not suffice. A change or progression in objective findings was not corroborated. Therefore, the request for computerized ROM assessments of the lower extremity was not medically necessary per the guideline recommendations of ODG.

MUSCLE TESTING DURING EXERCISE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Knee & Leg Chapter (Acute & Chronic).

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

Decision rationale: CA MTUS does not apply. As noted in ODG Knee & Leg chapter, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities making it an unnecessary test. In addition, this patient had a computerized Range of Motion (ROM) and muscle testing of the lower extremities on July 2013. There is no discussion as to why a computerized test would be needed for this patient and the usual clinical exam will not suffice. Therefore, the request for muscle testing during exercise was not medically necessary per the guideline recommendations of ODG.