

Case Number:	CM13-0049465		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2011
Decision Date:	03/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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:

The claimant is a 41-year-old female who was involved In a work injury on 5/17/2011. Diagnoses include: 1. Cervical spine strain (sprain) 2. Left shoulder impingement syndrome, 3. Left hand/wrist strain/sprain; 4. Lumbar spine strain/sprain; 5. Bilateral knee strain/sprain. The claimant has had physical therapy, medication management, pool therapy, and a tens unit. On 10/3/2013 [REDACTED], at [REDACTED] submitted a request for outpatient computerized strength and flexibility range of motion assessment. This was denied on UR dated 10/10/13. 9/5/13 orthopedic exam- CHIEF COMPLAINT: Pain, Neck with radicular symptoms to the bilateral shoulders, equally, and to the head with associated' headaches; bilateral shoulders, worse on the right; left elbow; left wrist and hand; upper back; low back with radicular symptoms to the left hip; left hip; bilateral knees, worse on the left. Headaches. There is complaint of swelling only at the right ankle, absent any pain. The request for outpatient computerized strength and flexibility range of motion assessment is addressed again in this review

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient computerized strength and flexibility (range of motion) assessments for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-computerized muscle testing and The AMA Guides to the Evaluation of Permanent Impairment, 5th edition.page 400 & Title 8, California Code of Regulations, section 9792.20 et seq page 2

Decision rationale: Outpatient computerized strength and flexibility (range of motion) assessments for the bilateral lower extremities are not medically necessary. The MTUS is silent on this issue but states that "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS." The ODG states," 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." The AMA Guides to the Evaluation of Permanent Impairment in regards to range of motion testing states, ", "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" Computerized strength and flexibility assessments for the BLE is not the standard of care and therefore not medically necessary.