

Case Number:	CM13-0055103		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2013
Decision Date:	03/26/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 36 year old male who reported a work-related injury on 2/8/13. The mechanism of injury was breaking up a fight. It is noted on 2/11/13, the patient underwent external fixator surgery with hardware. Then, two days later, additional surgery was done to insert plates. The patient had complaints of left knee and shin pain, which is described as always aching with occasional sharp, burning and stabbing pain that varies in intensity. The patient had complaints of tightness and stiffness, loss of range of motion, swelling, popping with pain, weakness with buckling and limping. The patient did not report complaints of pain at the extreme of lumbar range of motion. When standing erect, the patient's fingertips are 75cm from the floor. On forward flexion of lumbar spine, the patient's fingertips touch the floor. The lumbar range of motion was extension to 25 degrees, right lateral flexion to 20 degrees and left lateral flexion to 30 degrees and right and left lateral torsion to 30 degrees. Heel and toe walking was accomplished with a limp on the right. The patient was able to perform a complete squat with pain on the medial and lateral aspect of the left leg. The range of motion of the hips was flexion at 120 degrees bilaterally, abduction of 40 degrees bilaterally, adduction at 20 degrees bilaterally, internal rotation at 30 degrees bilaterally and external rotation was 40 degrees bilaterally. Range of motion of the right knee was extension 0 degrees and flexion 130 degrees. Examination of the left knee revealed tenderness over the medial facet, inferior pole of the patella, proximal plate laterally, head of the screws, distal plate medial and proximal half of the lateral compartment about the left knee. The range of motion of the left knee was extension at negative 5 degrees and flexion at 130 degrees. Sensation to pinprick and light touch was intact to the lower extremities bilaterally. Motor strength testing revealed peroneals, gastrocsoleus and quadriceps were 5/5, strong and equal. Extensor hallucis longus and tibialis anterior were 5/5 on the right and 4/5 on

the left. The hip flexor was 4/5 on the left. The patellar and Achilles reflexes were 2/4 and equal. The plantar reflexes were absent bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength and flexibility (range of motion) assessments for the lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS/ACOEM does not address computerized strength and flexibility/range of motion assessments. However, the Official Disability Guidelines state 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. As such, the request is not supported and is non-certified.