

Case Number:	CM13-0063235		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2010
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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:

The patient is a 45-year-old female who reported an injury on 01/14/2010 due to a fall. The patient reportedly sustained an injury to her bilateral knees. The patient's most recent evaluation noted the patient had continued bilateral knee pain. The patient's diagnoses included bilateral degenerative joint disease, chondromalacia of the patella bilaterally, osteoarthritis bilaterally, and internal derangement of the bilateral knees. A request was made for a comprehensive muscular activity profile to assist with surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMAP STUDY OF LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG; Pain,Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Computerized muscle testing

Decision rationale: The requested comprehensive muscular activity profile is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is being considered as a surgical candidate and has ongoing bilateral knee pain complaints. Although diagnostic testing would be appropriate to assist with treatment planning for this patient, computerized muscle testing is considered an unneeded test. The Official Disability Guidelines do not support the use of computerized strength testing as orthopedic evaluation can generally identify muscle strength deficits to assist with treatment planning. The clinical documentation submitted for review does not provide any exceptional factors that would support the need for a more sensitive computerized test over a traditional physical exam. As such, the requested CMAP study of lower extremities is not medically necessary or appropriate.