MAXIMUS Federal Services

Case Number:	CM13-0069675		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2010
Decision Date:	04/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 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:

Claimant is a 52-year-old female with date of injury 8/5/2010. Per progress note dated 10/7/2013 the claimant complained of severe low back pain radiating to the leg. Physical exam revealed paraspinal muscle spasm. There was tenderness at the lumbosacral junction and at the L4, L5, S1, and S2 spinous processes. She walked with an antalgic gait and has difficulty toe walking, heel walking, kneeling and squatting. The treatment plan included computerized range of motion and muscle testing of the lumbar spine and lower extremites to better and more accurately evaluate the claimant' condition and monitor the claimant's objective progress. Other treatments the claimant has received include Norco, Fexmid, physical therapy, chiropractic manipulative therapy. She is currently temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Computerized Muscle and Flexibility range of motion (ROM) assessments Lumbar Spine and 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 (ODG), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Computerized Muscle Testing section

Decision rationale: Per Official Disability Guidelines, 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. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test." Computerized range of motion testing is used to assist providers wanting quantified range of motion data, in particular when conducting exams for impairment or disability ratings. Computerized range of motion is not a necessary technique, and there are non-computerized instruments that can be used to collect the same information. The use of computerized range of motion also is not providing any diagnostics that are necessary to make a diagnosis or determine a course of treatment. The request for computerized muscle and flexibility ROM assessments lumbar spine and lower extremities is determined to not be medically necessary.