

Case Number:	CM14-0008976		
Date Assigned:	02/14/2014	Date of Injury:	04/10/2013
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery 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:

This patient sustained an industrial injury on 4/10/13 when she stepped on a piece of wood, tripped and fell. Injuries were reported to the right upper arm, right knee, and she developed lumbar spine pain. The 8/12/13 lumbar spine MRI impression documented L1/2, L2/3, L3/4, and L4/5 disc bulges, degenerative spondylolisthesis with moderate L4/5 transverse narrowing of the central canal, mild L3/4 and moderate L4/5 bilateral facet hypertrophy, and mild L4/5 and mild to moderate L5/S1 bilateral neuroforaminal narrowing. The right knee MRI impression documented chondromalacia patella, posterior horn lateral meniscus tear, moderate joint effusion, mild lateral compartment osteoarthritis, and osteochondral defect of the anterior aspect of the lateral femoral condyle. The 11/19/13 treating physician report cited severe knee and lower back pain. Objective findings documented weakness, restricted range of motion, positive McMurray's, and positive MRI. The diagnosis was internal derangement of the right knee with osteoarthritis of the knee and meniscal tear, and lumbosacral sprain. Medication management was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPUTERIZED RANGE OF MOTION STRENGTH AND FLEXIBILITY
ASSESSMENT OF THE LUMBAR SPINE AND LOWER EXTREMITIES
FUNCTIONAL MEASURES:** 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) Low Back - Lumbar & Thoracic, Knee, Computerized Range Of Motion (ROM), Computerized Muscle Testing.

Decision rationale: Under consideration is a request for computerized range of motion strength and flexibility assessment of the lumbar spine and lower extremities, as functional measures. The California MTUS guidelines are silent on the use of computerized range of motion. The Official Disability Guidelines do not recommend range of motion as primary criteria, and state the relationship between lumbar range of motion measures and functional ability is weak or non-existent. Guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Computerized muscle testing is also 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. There is no specific reason provided to support range of motion or muscle testing unbundled from the normal primary treating physician evaluation and management services. Given the absence of documented medical necessity and guideline support, this request for computerized range of motion strength and flexibility assessment of the lumbar spine and lower extremities, as functional measures, is not medically necessary and appropriate.