

Case Number:	CM14-0009975		
Date Assigned:	02/21/2014	Date of Injury:	08/25/2003
Decision Date:	08/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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 54-year-old male who has submitted a claim for lumbar radiculopathy, right knee internal derangement with traumatic osteoarthritis, and left knee pain associated with an industrial injury date of 08/25/2003. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, aggravated by weight bearing and bending activities. The patient likewise reported bilateral knee pain. Physical examination showed tenderness at paralumbar muscles and sciatic notch. Range of motion was limited and painful. Straight leg raise test and Kemp's test were positive. Physical examination of both knees showed tenderness and limited range of motion. Treatment to date has included lumbar spine surgery, right knee surgery, chiropractic care, physical therapy, nerve blocks, acupuncture, and medications. Utilization review from 01/23/2014 denied the requests for electronic range of motion measurements and report (separate procedure), electronic muscle testing, and posture analysis testing because there was no available documentation to establish its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRONIC RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE) QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES.

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, Flexibility.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for ELECTRONIC RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE) QTY:1 is not medically necessary.

ELECTRONIC MUSCLE TESTING QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES.

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, Flexibility.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request does not specify the body area to be tested. Therefore, the request for ELECTRONIC MUSCLE TESTING QTY:1 is not medically necessary.

POSTURE ANALYSIS TESTING QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Implications for the Use of Postural Analysis as a Clinical Diagnostic Tool: Reliability of Quantifying Upright Standing Spinal Postures From Photographic Images, 2005 (28), pp. 386-392 ([http://www.jmptonline.org/article/S0161-4754\(05\)00167-3/abstract](http://www.jmptonline.org/article/S0161-4754(05)00167-3/abstract)).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled: "Implications for the Use of Postural Analysis as a Clinical Diagnostic Tool" was used instead. It states that repeated measures of posture design was used to assess reliability of standing spine postures within subjects using a biologically relevant measure determined by digitization of images. Although the repeatability of posture was improved in the sagittal view, when a biological measure was used instead of an external vertical reference to calculate spinal angles, individual subject posture was still variable. In this case, there is no discussion concerning the need for variance from the guidelines, as computerized testing is still under study, and generally not recommended. It is unclear why the conventional methods for posture and anthropometrics cannot suffice. Therefore, the request for POSTURE ANALYSIS TESTING QTY:1 is not medically necessary.