

Case Number:	CM14-0101107		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2011
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old gentleman was reportedly injured on October 26, 2011. The mechanism of injury is noted as a fall. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Examination of the right knee reveals a positive Apley's test. Muscle strength of the lower extremities was rated at 5/5. Diagnostic imaging studies of the lumbar spine revealed degenerative changes from L4 through S1 without any nerve root involvement. Previous treatment includes oral medications. A request had been made for a muscle test for two limbs and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Test 2 Limbs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: It is unclear what exactly is requested with a muscle test for two limbs. According to the official disability guidelines a functional capacity evaluation would test muscle strength, however this is only indicated after unsuccessful return to work attempts or when injured employee is close to maximum medical improvement. Additionally injured employee was stated to have full strength of the lower extremities in the recent progress note dated April 28, 2014. For these reasons, this request for muscle testing for two limbs is not medically necessary.