

<b>Case Number:</b>	CM14-0114519		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Family 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:

This is a 60 year old male who reported an industrial injury to the lower back on 3/1/2013, 18 months ago, attributed to the performance of his customary job tasks. The patient has been treated conservatively for low back pain. The patient complained of pain to the bilateral knees with walking and lower back pain. The objective findings on examination included decreased range of motion to the right knee with a positive anterior drawer sign along with diminished range of motion. The diagnoses included right and left knee medial meniscus tear; lumbar spine DDD; and bilateral shoulder strain. The treatment plan included an appointment with orthopedics; TTD status and computerized ROM and muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized range of motion lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 pages 137-138; Official Disability Guidelines (ODG) fitness for duty chapter-functional capacity evaluation Other Medical

Treatment Guideline or Medical Evidence: General Medical Guidelines for the practice of medicine.

**Decision rationale:** There was no rationale by the treating physician for the medical necessity of the ROM or MMT strength testing in relation to the treatment for this patient or for the diagnoses cited or for the analysis of the cited industrial injury. There are no objective findings on examination other than limited range of motion and tenderness to palpation with the diagnoses of lumbar spine sprain/strain and bilateral knee pain. The patient has already received physical therapy. There is no objective evidence to support the medical necessity for ROM and MMT for the treatment of the patient 18 months status post date of injury. There was no rationale to support the medical necessity of computerized range of motion and muscle testing over the standard documentation of objective findings on physical examination. There were no provided objective findings on examination and no rationale for the use of the provided analysis for strength and ROM instead of the physical examination. There was no objective evidence to support the medical necessity of the performed assessment for the effects of the industrial injury. There is no rationale to support or demonstrated medical necessity of the requested computerized range of motion to the lumbar spine, upper extremities, and lower extremities. The patient should be in a self-directed home exercise program for the continuation of strengthening and conditioning. The computerized muscle testing (CMT) or MMT testing is not demonstrated to be medically necessary and has not been requested by the employer. There is no objective medically based evidence provided to support the medical necessity of the requested MMT for the effects of the reported industrial injury. There is no indication that the CMT or MMT is required to establish the patient current status over the generally accepted findings on physical examination. The procedure was not requested by the employer and is not demonstrated to be medically necessary, in addition to the documented objective findings on physical examination. There is no objective evidence provided to support the medical necessity of the CMT and MMT over the objective findings documented on physical examination. There was no provided report to support the testing that was not medically necessary for the treatment of the effects of the industrial injury. The use of computerized range of motion testing is not medically necessary and is not supported with objective medically based evidence to support medical necessity. There is no demonstrated medical necessity for the computerized ROM studies for the back/BLBs and neck/BUEs of the patient. The examination of the patient's lumbar spine, upper extremities, and lower extremities eliminates the medical necessity of any possible computerized range of motion testing. The documented objective physical findings and ranges of motion in the clinical report would be established as the baseline for treatment. The ROM of the lumbar spine and lower extremities can be demonstrated in the physical examination and documented as objective findings. The procedure was not requested by the employer and is not demonstrated to be medically necessary in addition to the documented objective findings on physical examination. There is no objective evidence provided to support the medical necessity of the computerized ROM studies over the objective findings documented on physical examination. There is no demonstrated medical necessity for the request of the computerized range of motion studies including the lumbar spine, bilateral upper extremities, and bilateral lower extremities.