

Case Number:	CM14-0165704		
Date Assigned:	10/15/2014	Date of Injury:	11/12/2012
Decision Date:	11/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 2012. Thus far, the applicant has been treated with analgesic medications; earlier knee arthroscopy; unspecified amounts physical therapy; and lumbar epidural steroid injection therapy. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for aquatic therapy, manual muscle testing, and computerized range of motion testing. The applicant's attorney subsequently appealed. In a handwritten note dated October 16, 2014, the applicant reported ongoing complaints of low back pain. Topical Medrox and Ultracet were apparently dispensed. The applicant's work status was not furnished. Limited lumbar range of motion was noted. The applicant was described as having had only minimal relief following an earlier epidural steroid injection of August 26, 2014. Urine drug testing was sought. On October 8, 2014, home exercise and 12 sessions of aquatic therapy were endorsed. The applicant's gait was not described on October 8, 2014 progress note, although the applicant was described as possessing 129 degrees of knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manual Muscle Testing and Range of Motion (ROM): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 334, 293.

Decision rationale: The primary pain generators here are the low back and knee. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Similarly, ACOEM Chapter 12, page 93 suggests manual testing for muscle strength as opposed to the computerized strength testing seemingly being sought here. The MTUS Guideline in ACOEM Chapter 13, page 334 suggests that the neurologic status of the knee should be "routinely assessed" through conventional manual muscle testing as opposed to via the computerized muscle testing seemingly being sought here. The request is for a formal computerized muscle testing and range of motion testing, thus, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.