

<b>Case Number:</b>	CM14-0183135		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

According to the records made available for review, this is a 44-year-old male with a 2/8/13 date of injury. At the time (9/23/14) of the request for authorization for motor strength test, there is documentation of subjective (left knee pain persistent, weakness improved, more strength is felt in the left knee) and objective (illegible due to handwritten note) findings, current diagnoses (left knee status post arthroscopy with (illegible), the remainder of the diagnoses are illegible due to handwritten note), and treatment to date (exercise program and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motor strength test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Computerized Muscle Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Computerized muscle testing

**Decision rationale:** MTUS does not address the issue. ODG identifies computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the

extremities. Therefore, based on guidelines and a review of the evidence, the request for motor strength test is not medically necessary.