

Case Number:	CM14-0038340		
Date Assigned:	06/25/2014	Date of Injury:	12/08/2010
Decision Date:	08/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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:

Patient is a 65-year-old female with date of injury 12/08/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/23/2014, lists subjective complaints as severe pain throughout her back and into her lower extremities. Objective findings: Examination of the lumbar spine revealed pain to palpation in the lumbar musculature, and discomfort at L4-5 and L5-S1 bilaterally, left greater than right. Straight leg test was positive bilaterally, left greater than right. Patient reported a mild weakness in the left leg causing an antalgic gait. Diagnosis: 1. Status post L4-5, L5-S1 posterior decompression and fusion with instrumentation, unilaterally on the left side 2. Degenerative disc disease at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength & Flexibility (ROM) Assessments to Cervical Spine/Upper Extremities/Lumbar Spine/Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter-Flexibility.

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: Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013.

Decision rationale: The use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. Therefore, Computerized Strength & Flexibility (ROM) Range of Motion Assessments to Cervical Spine/Upper Extremities/Lumbar Spine/Lower Extremities are not medically necessary.