

Case Number:	CM14-0038988		
Date Assigned:	06/27/2014	Date of Injury:	03/07/2012
Decision Date:	12/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 injured worker is a 61-year-old male, with a reported date of injury of 03/07/2012. The mechanism of injury was a slip into a gopher hole, and twist of the right knee. The injured worker reported immediate pain. The current diagnoses include status post right knee surgery, and left total knee replacement. The past diagnosis include arthritis. Treatments include an MRI, which showed total knee derangement; right total knee arthroplasty on 08/30/2013; physical therapy; walking cane; Norco 10/325 mg every 4-6 hours as needed; and nabumetone. The medical report dated 01/16/2014 indicated that the injured worker presented for a follow-up on his left knee, lumbar spine, right knee, and left hip. The injured worker complained of right hip and right knee pain. He admitted that the pain medications helped, but did not last long enough. The pain was rated a 2-3 out of 10, and the injured worker was no longer taking the Norco. The physical examination showed severe stiffness in the right knee, with pain and cramping in the right leg; bilateral wrist pain with radiation of the pain into the fingers in the median nerve distribution. Examination of the knee showed knee pain on palpation and examination, and partial range of motion. Examination of the wrists showed a positive Tinel's sign in both wrist; pain into the median nerve distribution of the first three (3) fingers; and a positive sign for carpal tunnel. The objective findings revealed better range of motion with walking and an uneven gait. The treating provider planned to request authorization for the injured worker to undergo CMAP testing for his right knee, to give a better understanding of the injured worker's current strength and range of motion. It was also noted that the CMAP test would also assess his symptoms and help with a more efficient treatment plan. The injured worker was to remain totally disabled until 02/01/2014. On 03/11/2014, Utilization Review (UR) denied the request for CMAP testing to the right knee times one (1). The UR physician noted that the documentation does not elaborate on the how the results of the study would alter the injured worker's treatment plan, or

why the use of an inclinometer and manual testing would not be sufficient enough to test the injured worker's range of motion and strength. The guidelines indicate that an inclinometer is the preferred device for obtaining accurate measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMAP testing to right knee x 1: 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), Low Back Chapter, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Lower Extremity Complaints, Treatment Consideration

Decision rationale: CMAP testing to right knee x 1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine (ACOEM) do not address this issue. The only medical evidence found demonstrates the potential utility of the CMAP as a valid method of objectively quantifying subject muscular performance and effort during lumbar range-of-motion and lifting tasks. There are not enough guideline recommendations for CMAP and its value to assist this employee in functional improvement. The guidelines does state that an inclinometer is the preferred device for obtaining accurate measurements; therefor the requested service is not medically necessary.