

<b>Case Number:</b>	CM14-0045066		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 54-year-old male who sustained a work related injury on 08/25/2003 as result of a slip and fall at work resulting in a right knee meniscal tear, left foot strain and lumbar herniation. Since then, the patient has undergone a right total knee arthroplasty on 01/14/2014. He has had hardware placement for spinal fusion with subsequent removal in 2008. He also has been certified for two level L4-S1 transforaminal epidural steroid injections (ESI). The most recent PR-2 prior to Utilization review, the patient reported that his back pain continued to radiate to his bilateral lower extremities down to his feet and that he had right knee pain. On physical exam the patient has a significant limp on the right leg and utilizing an assistive device for support. The lumbar spinal range of motion is decreased due to pain, tightness and stiffness. He is tender over the lumbar spinous process from L3-S1. Elicited is severe tenderness over the facet joints from L3 to S1 and over the sacroiliac joints bilaterally. The patient has severe tightness, tenderness and trigger points with spasms in the lumbar paravertebral, quadratus lumborum, and gluteus medius and maximus and piriformis musculature bilaterally. Neurologically, lower extremity reflexes are intact. However, appreciable sensory deficit is noted bilaterally along the L4 to S1 dermatomes (worse on right). Straight leg raise is positive at 40 degree bilaterally. His current treatment regimen includes opioid pain medication, Neurontin and topical compounded creams. In dispute is a decision for computerized muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized muscle testing:** Upheld

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

**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: OVID SP, I (J Manipulative Physiol Ther. 1990 Feb; 13(2):72-82. Reliability of manual muscle testing with a computerized dynamometer

**Decision rationale:** This request is not addressed by any of the above guidelines. Found in review, only a single peer reviewed, primary source article (J Manipulative Physiol Ther. 1990 Feb; 13(2):72-82. (Reliability of manual muscle testing with a computerized dynamometer) that addressed this issue. As there is a lack of evidence basis for the determination of making a decision, this request is medically unnecessary.