

<b>Case Number:</b>	CM14-0068370		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 54-year-old female who was reportedly injured on 11/10/2010. The mechanism of injury was not listed. The most recent progress note dated 6/10/2014, indicated that there were ongoing complaints of bilateral knees and bilateral wrists pain. There were no notes from the treating physician submitted for review. Therefore, the utilization review, dated 6/10/2014, was utilized. The record stated the patient has constant pain in the hands and knees. There was numbness and tingling in both hands and knees. Phalen's test and Tinel's test were positive bilaterally. McMurray's sign was positive bilaterally. Diagnostic imaging studies included an MRI of the right knee, dated 3/10/2014, which revealed medial meniscal tear, disc with lateral meniscus partial tear, medial and lateral collateral ligaments joint effusion, chondromalacia patella, and medial femoral/tibial joint osteoarthritis. Left knee MRI revealed medial meniscal tear, possible lateral meniscal tear, medial collateral ligament partial tears, and partial posterior cruciate ligament tear. There were also semimembranosus tendinosis versus partial tear, pes anserine bursitis, medial and lateral femoral and tibial joint osteoarthritis. Previous treatment included none documented. A request was made for computerized range of motion and muscle testing of the bilateral knees and wrists and was not certified in the pre-authorization process on 4/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized Range of Motion Studies Bilateral Wrists and Knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Computerized Range of Motion Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Pain, (Acute and Chronic), Computerized Range of Motion, Flexibility.

**Decision rationale:** Official Disability Guidelines do not recommend computerized testing as a primary criteria but should be a part of a routine musculoskeletal evaluation. The American Medical Association guides to the evaluation of permanent apparent states and inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practice, and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometer and where the results (range of motion) is of unclear therapeutic value. Although this guideline discusses testing range of motion of the lumbar spine, it is also applicable to other body parts as well. After review of the medical records provided, the treating physician failed to document the necessity for this specific testing. Therefore, this request is deemed not medically necessary.

**Computerized MMT (Manual Muscle Testing) Studies Bilateral Wrists and Knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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 and Leg (Acute and Chronic) Computer-Assisted Muscle Testing. Updated 8/24/2014.

**Decision rationale:** Official Disability Guidelines state that computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Therefore, this request is deemed not medically necessary according to guideline recommendations.