MAXIMUS Federal Services

Case Number:	CM14-0131670		
Date Assigned:	08/20/2014	Date of Injury:	09/24/2012
Decision Date:	03/24/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 50 year old male patient, who sustained an industrial injury on 09/24/2012. A primary treating office visit dated 07/23/2014 showed objective findings of the patient using a single point cane along with the unloader brace with note the patient is with antalgic gait without use of either. He is diagnosed iwth left knee status post arthroscopic partial medial meniscectomies with chondroplasty medially. The plan of care described the patient having no wishes for a total knee replacement; he also does not wish any injections. The physician offered a second opinion be obtained if the patient so desires, but it is felt that he is either to continue and deal with his pain, seek other opinion and or surgical intervention. At this point in the process he is temporarily totally disabled; there isno modified work duties available. A request was made on 07/24/2014 asking for a computerized strength and flexibility testing. On 07/31/2014 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain, Range of Motion, Muscle Testing were cited. The injured worker submitted an applcation on 08/18/2014 for independent medical reivew of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength & Flexibility (CROM): 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 Knee

Decision rationale: ODG Section on Knee describes computerized muscle testing as an unneeded test stating that 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. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. Computerized muscle testing is not medically indicated.