

Case Number:	CM14-0197017		
Date Assigned:	12/05/2014	Date of Injury:	01/22/2004
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The injured worker is a female who sustained a work-related injury on January 22, 2004. A request for Range of Motion was non-certified by Utilization Review (UR) on November 7, 2014. The UR physician utilized the California (CA) MTUS Chronic Pain Medical Treatment Guidelines with regard to range of motion and muscle testing which states that findings are "measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule." Upon review of the submitted documentation for review, the UR physician determined that there was no available documentation to establish the medical necessity for the diagnostic exam as a separate procedure and the request was not certified. A request for independent medical review (IMR) was established on November 21, 2014. A review of the medical documentation submitted for IMR included a physician's report dated September 26, 2014. The physician noted that the injured worker returned to follow-up with a complaint of increasing lower extremity burning pain and weakness. The injured worker expressed a concern with regard to the changes. The injured worker rated the pain a 9 on a 10-point scale and complained the knee was overly sensitive, weak and with instability. The injured worker rated her low back pain a 6 on a 10-point scale. The injured worker reported heightened function with medication and indicated that her activities of daily living were maintained on medication. On examination, the physician noted hyperalgesia of the right knee and a slight antalgic gait. The injured worker favored her left lower extremity with ambulation. The physician noted the lumbar examination was essentially unchanged. The physician noted that the injured worker had a remote right total knee arthroplasty and that an MRI on 4/1/2014 indicated an intact prosthesis and no abnormality. The physician noted that the injured worker had objective improvement including greater range of motion and increased tolerance to recommended exercise and had greater activity. A physician's

report dated May 23, 2014 revealed the injured worker complained of low back pain with diffuse tenderness with negative straight leg raising. On neurological examination of the lower extremities, the injured worker had grossly normal proximal and distal motor strength. Her deep tendon reflexes were symmetrical in the knee, ankle and posterior tibial tendon jerk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review for Range of Motion (ROM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical 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 investigation based and is 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. Range of Motion (ROM) is not medically necessary.