MAXIMUS Federal Services

Case Number:	CM14-0197799		
Date Assigned:	12/08/2014	Date of Injury:	06/29/2011
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 58-year-old female with date of injury of 06/29/2011. The listed diagnoses from 07/21/2014 are: 1. Lumbosacral strain/arthrosis with spondylolisthesis at L3 on L4 with severe central canal stenosis 2. Right knee status post arthroscopic surgery with partial medial and lateral meniscectomies and chondroplasty's and lateral tibial plateau 3. Left knee patellofemoral syndrome 4. Psychological diagnosis 5. Internal medicine diagnosis According to this report, the patient is 2 1/2 months post left shoulder surgery with benefit. She is currently receiving supervised physical therapy. The patient complains of intermittent low back pain that is non-radiating. She reports left knee pain that is mild. The examination of the lumbar spine is unremarkable. Straight leg raise is negative. Right knee reveals mild effusion, positive crepitation, negative Lachman's test, negative McMurray's test. Treatment reports from 12/23/2013 to 07/21/2014 were made available for review. The utilization review denied the request on 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength and flexibility (ROM) assessments (lumbar spine/bilateral shoulder/lower extremities): 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)

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 Chapter, Flexibility.

Decision rationale: This patient presents with left shoulder, right knee and low back pain. The patient is status post right knee arthroscopy (date unknown, left shoulder surgery (estimated May 2014). The treater is requesting one computerized strength and flexibility (ROM) assessments (lumbar spine/bilateral shoulders/lower extremities). The MTUS and ACOEM Guidelines do not address this request; however, ODG under the Low Back Chapter on Flexibility states, "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." Records do not show any previous computerized strength and flexibility assessment. The report making the request is missing. In this case, ODG does not recommend computerized strength and flexibility assessments but does recommend ROM testing as part of follow-up visits and routine examination. The request is not medically necessary.