

<b>Case Number:</b>	CM15-0055971		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male with an industrial injury dated 06/25/2012. His diagnosis includes cervico - thoracic strain/arthrosis, lumbosacral strain/arthrosis with possible neural encroachment, right knee status post patellar ligament repair, arthroscopic chondroplasties and partial medial and lateral meniscectomy, left knee arthrosis/patello femoral syndrome, bilateral plantar fasciitis, Achilles tendinosis and ankle arthrosis, psychiatric complaints and sleep disturbance. Prior treatments include aspiration/cortisone injection of the right knee, synovics injection, anti-inflammatory and home exercise program. He presents on 02/10/2015 for follow up. Physical examination of the right knee showed a moderate effusion with a very slight flexion contracture. The treating physician notes the injured worker has reached maximal medical improvement and plans to bring in the injured worker for a permanent and stationary appointment. Authorization was requested for computerized strength and flexibility testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized strength and flexibility test:** 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), Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Computerized Muscle Testing.

**Decision rationale:** Based on the 7/10/14 progress report provided by the treating physician, this patient presents with continued right knee pain, which is his greatest complaint. The treater has asked for Computerized Strength and Flexibility Test but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization form dated 2/10/15 is right knee s/p patellar ligament repair, arthroscopic chondroplasties and partial medial and lateral meniscetomies. The patient is s/p synvisc injection from 9/30/14, which helped "very significantly" until 3-4 weeks ago per 2/10/15 report. Before that, the patient had a prior synvisc injection that was not helpful per 2/10/15 report. The patient takes NSAIDs, has lost 10 pounds recently, is in a home exercise program, and is already using an unloader brace per 2/10/15 report. The patient would like to hold off on any surgical options as of 2/10/15 report. A right knee arthrogram showed no meniscal tear, and no recurrent tear of patellar ligament per 9/30/14 report, but no original report was included. The patient is temporarily totally disabled unless work restrictions can be honored, and will be brought in for a permanent and stationary appointment per 2/10/15 report. The ACOEM and MTUS Guidelines do not specifically discuss computerized range of motion or muscle testing. However, ODG Guidelines under the knee chapter, Computerized muscle testing, does not recommend, as "There are no studies to support computerized strength testing of the extremities." ODG further states: "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. This would be an unneeded test." In this case, the patient has not yet had a computerized strength and flexibility test of the knee per review of reports dated 3/18/14 to 2/10/15. ODG Guidelines considers the extremities to have the advantage of being compared to the other side, and no advantage to such a sensitive computerized test. As ODG considers this test "unneeded," the request is not medically necessary.