MAXIMUS Federal Services

Case Number:	CM15-0058484		
Date Assigned:	04/03/2015	Date of Injury:	08/09/2012
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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, Pain Management

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 59 year old male, who sustained an industrial injury on 08/09/2012. He has reported injury to the right knee, right ankle, and right hip. The diagnoses have included cervical sprain/strain; cervical disc protrusion; lumbosacral sprain/strain; and status post right knee surgery. Treatment to date has included medications, diagnostic studies, acupuncture, shockwave therapy, physical therapy, and surgical intervention. A progress note from the treating physician, dated 01/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant and severe stabbing neck pain radiating to the bilateral shoulders, low back, left knee, and right knee; pain is rated at 8/10 on the visual analog scale; and has numbness and weakness in the bilateral knees. Objective findings included tenderness to palpation of the cervical paravertebral muscles; tenderness to palpation of the lumbar paravertebral muscles; tenderness to palpation of the anterior, lateral, and lateral joint line of the left and right knees; and decreased and painful ranges of motion. The treatment plan has included the request for range of motion/muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion/muscle testing: 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)-computerized muscle testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

Decision rationale: Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.