

Case Number:	CM14-0142230		
Date Assigned:	09/10/2014	Date of Injury:	07/02/2013
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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:

Patient is a 58 year-old male with date of injury 07/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/23/2014, lists subjective findings as pain in the low back and right knee. Objective findings: Examination of the right knee revealed tenderness to palpation and diminished range of motion. Diagnosis: 1. Lumbosacral disc protrusion with radiculopathy 2. Status post right knee surgery 3. Right knee tear, oblique medial meniscus 4. Left shoulder impingement. Patient underwent an MRI of the right knee on 10/02/2013 that was positive for an oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface. Patient is status post right knee arthroscopy with medial meniscectomy on 01/29/2014 and has completed 12 post op physical therapy sessions and 6 post op acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRENGTH TESTING FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51-52.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: 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 investigational and 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.