MAXIMUS Federal Services

Case Number:	CM14-0095965		
Date Assigned:	09/22/2014	Date of Injury:	05/09/2007
Decision Date:	10/21/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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:

This injured worker is a 61 year old man involved in a work related injury from May 9, 2007. The worker sustained a low back injury after lifting heavy objects. He was treated with surgery but has developed ongoing low back pain. He also apparently has some neck pain and neck imaging reveals degenerative change with disc bulging. The worker was having ongoing back pain with pain radiating to the left lower extremity. The worker's pain in the leg led to him dragging his foot. The worker also had treatment to the neck. The worker was evaluated with what appears to be a computerized range of motion testing and manual muscle testing. This is a retrospective review of this care from March 25, 2008 and July 26, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 4 Manual Muscle Tests: 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) Flexibility. Back Section

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, Flexibility

Decision rationale: While assessment of muscle/motor strength is appropriate during an evaluation of a musculoskeletal concern, there is no need for any special testing device. This is a regular part of the physical examination conducted by the health care provider, and the idea that a special computerized device needed to perform this basic testing is without medical foundation. Therefore, the Retrospective 4 Manual Muscle Tests are not considered medically necessary.

Retrospective 13 Range of Motion Measurements for the Cervical Spine: 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) Flexibility. Back Section

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, Flexibility

Decision rationale: While assessment of muscle/motor strength is appropriate during an evaluation of a musculoskeletal concern, there is no need for any special testing device. This is a regular part of the physical examination conducted by the health care provider, and the idea that a special computerized device needed to perform this basic testing is without medical foundation. Therefore, the Retrospective 13 Range of Motion Measurements for the Cervical Spine are not considered medically necessary.