

<b>Case Number:</b>	CM15-0120390		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 62 year old female who sustained a work related injury July 16, 2009, when she had a twisting injury to her right lower extremity and fell. She was initially treated with medication, physiotherapy, and x-rays were performed. Past history included hypertension, s/p right knee arthroscopy and right total knee replacement, 2011. According to a treating physician's progress report, dated May 1, 2015, the injured worker presented for re-evaluation with complaints of right anterior knee and right ankle pain, rated 7/10. She reports numbness, and tingling in the right calf, left calf, left ankle, and right ankle pain approximately 60 % of the time. She complains of anxiety and stress and experiences dizziness. There is improvement in her symptoms with rest, pain medication, and topical compound. Some of the typed notes are difficult to decipher. Examination of the right knee revealed medial and lateral joint line pain, muscle tests noted strength difference of > 15% when compared to the opposite side. Diagnosis is documented as total knee replacement, right. Treatment plan included a right hinged brace and right ankle brace for stability and aggressive post-operative rehab for her right knee. At issue, is the request for authorization for muscle testing, manual, range of motion measurements and report, right muscle testing, manual, right range of motion measurements and report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle testing, manual (separated procedure) - 1 time per day for 3 days QTY: 3.00:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Knee acute & chronic' Chapter under 'Computerized muscle testing'.

**Decision rationale:** The patient complains of pain in right knee and right ankle, rated at 5-7/10, along with numbness and tingling bilateral calves and bilateral ankles, anxiety, stress and dizziness, as per progress report dated 05/01/15. The request is for Muscle Testing, Manual (Separated Procedure): 1 Time Per Day For 3 Days, Qty: 3.00. There is no RFA for this case, and the patient's date of injury is 09/06/09. The patient is status post-right knee replacement and has been diagnosed with internal derangement of the knee and ankle sprain/strain, as per progress report dated 05/01/15. As per progress report, dated 03/20/15, the patient also has right buttock pain, bilateral sacroiliac pain, and lumbar pain. The patient is temporarily disabled, as per progress report dated 05/01/15. ODG guidelines, chapter 'Knee acute & chronic' and topic 'Computerized muscle testing', states the following: "Not recommended. There are no studies to support computerized strength testing of the extremities." In this case, none of the progress reports discuss this request. The patient has already undergone some muscle testing using the JTECH Tracking System, as per progress report dated 05/01/15. It is not clear why the patient needs undergo specialized testing again. Muscle testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request is not medically necessary.

**Right muscle testing, manual (separated procedure) - 1 time per day for 3 days QTY: 3.00:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Knee 'acute & chronic' Chapter under 'Computerized muscle testing'.

**Decision rationale:** The patient complains of pain in right knee and right ankle, rated at 5-7/10, along with numbness and tingling bilateral calves and bilateral ankles, anxiety, stress and dizziness, as per progress report dated 05/01/15. The request is for Right Muscle Testing, Manual (Separated Procedure): 1 Time Per Day For 3 Days, Qty: 3.00. There is no RFA for this case, and the patient's date of injury is 09/06/09. The patient is status post-right knee replacement and has been diagnosed with internal derangement of the knee and ankle sprain/strain, as per progress report dated 05/01/15. As per progress report dated 03/20/15, the patient also has right buttock pain, bilateral sacroiliac pain, and lumbar pain. The patient is temporarily disabled, as per progress report dated 05/01/15. ODG guidelines, chapter 'Knee acute & chronic' and topic 'Computerized muscle testing', states the following: "Not

recommended. There are no studies to support computerized strength testing of the extremities." In this case, none of the progress reports discuss this request. The patient has already undergone some muscle testing using the JTECH Tracking System, as per progress report dated 05/01/15. It is not clear why the patient needs undergo specialized testing again. Muscle testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request is not medically necessary.

**Range of motion measurements and report (separated procedure) - 1 time per day for 2 days QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** The patient complains of pain in right knee and right ankle, rated at 5-7/10, along with numbness and tingling bilateral calves and bilateral ankles, anxiety, stress and dizziness, as per progress report dated 05/01/15. The request is for Range Of Motion Measurements And Report (Separated Procedure) - 1 Time Per Day, Qty: 2.00. There is no RFA for this case, and the patient's date of injury is 09/06/09. The patient is status post right knee replacement and has been diagnosed with internal derangement of the knee and ankle sprain/strain, as per progress report dated 05/01/15. As per progress report dated 03/20/15, the patient also has right buttock pain, bilateral sacroiliac pain, and lumbar pain. The patient is temporarily disabled, as per progress report dated 05/01/15. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG Low Back Chapter, under ROM, Flexibility states "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." In this case, none of the progress reports discuss the request. The patient has already undergone some range of motion testing during physical examination, as per progress report dated 05/01/15. It is not clear why the patient needs undergo specialized testing again. ROM testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request is not medically necessary.

**Right range of motion measurements and report (separated procedure) - 1 time per day for 2 days QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** The patient complains of pain in right knee and right ankle, rated at 5-7/10, along with numbness and tingling bilateral calves and bilateral ankles, anxiety, stress and dizziness, as per progress report dated 05/01/15. The request is for Right Range Of Motion Measurements And Report (Separated Procedure) - 1 Time Per Day, Qty: 2.00. There is no RFA for this case, and the patient's date of injury is 09/06/09. The patient is status post right knee replacement and has been diagnosed with internal derangement of the knee and ankle sprain/strain, as per progress report dated 05/01/15. As per progress report dated 03/20/15, the patient also has right buttock pain, bilateral sacroiliac pain, and lumbar pain. The patient is temporarily disabled, as per progress report dated 05/01/15. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG Low Back Chapter, under ROM, Flexibility states "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." In this case, none of the progress reports discuss the request. The patient has already undergone some range of motion testing during physical examination, as per progress report dated 05/01/15. It is not clear why the patient needs undergo specialized testing again. ROM testing is considered as part of routine musculoskeletal evaluation and ODG does not support specialized tests. Hence, the request is not medically necessary.