

Case Number:	CM15-0123557		
Date Assigned:	07/08/2015	Date of Injury:	04/03/2012
Decision Date:	09/08/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

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 42 year old female who sustained an industrial injury on 04-03-12. Initial complaints and diagnoses are not available. Treatments to date include surgery, cortisone injection, physical therapy, psychiatric counseling, medications, and a local injection into the foot. Diagnostic studies are not addressed. Current complaints include continued pain. Current diagnoses include left foot ligament damage and surgery, left hip strain, pain disorder, depressive disorder, anxiety disorder, and urinary incontinence. In a progress note dated 05-08-15 the treating provider reports the plan of care as a computerized range of motion and muscle testing. The requested treatments include computerized range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion (DOR 6/12/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association-evaluation abnormal motion.

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-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

Decision rationale: The claimant sustained a work-related injury in April 2012 and underwent removal of left calcaneus fixation hardware in January 2015. When seen, she was attending physical therapy. She felt that surgery had not helped. Vital signs were recorded. At a follow-up visit, she was full weight bearing. She had ankle tightness. There was normal strength and range of motion; range of motion which should be a part of a routine musculoskeletal evaluation. Computerized muscle testing is not recommended and is an unneeded test. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure strength and range of motion using conventional techniques. The requested computerized testing was not medically necessary.

Muscle testing (DOR 6/12/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association- strength evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Computerized muscle testing.

Decision rationale: The claimant sustained a work-related injury in April 2012 and underwent removal of left calcaneus fixation hardware in January 2015. When seen, she was attending physical therapy. She felt that surgery had not helped. Vital signs were recorded. At a follow-up visit, she was full weight bearing. She had ankle tightness. There was normal strength and range of motion; range of motion which should be a part of a routine musculoskeletal evaluation. Computerized muscle testing is not recommended and is an unneeded test. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure strength and range of motion using conventional techniques. The requested computerized testing was not medically necessary.