

<b>Case Number:</b>	CM13-0008355		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 is a 48-year-old male who reportedly suffered a vocational related injury to his right knee on 01/16/13. Records reflect an MRI scan that documented evidence of a bone bruise as well as an ACL strain, but no evidence of meniscal tear or fracture. Orthopedic evaluation recommended a conservative rehabilitation program. The request is to determine the medical necessity of a computerized testing analysis

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Computerized Muscle and Flexibility (ROM) Assessments Of The Knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Quantitative Muscle Testing Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333-335. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Computerized Muscle Testing.

**Decision rationale:** The evidence based literature would not support the use of a computerized range of motion testing as a tool to evaluate patient's progress. CA MTUS ACOEM Guidelines with respect to physical examination of the knee state, "Initially, the patient's gait and the

appearance of the knees can be observed during stance. Difficulty walking, as well as deformity (e.g., excessive varus or valgus), swelling, redness, and inability to fully extend are all observable in this manner. In the supine position, smaller effusions, tenderness and its location (e.g., at joint lines), and range of motion can be determined. The posterior structures of the knee also can be inspected and palpated, including the popliteal fossa. Collateral ligament stability can be checked by applying varus and valgus stress (pressure) with the joint slightly flexed. Cruciate ligament competence is determined by pulling the tibia forward at 30 degrees (Lachman test) and 90 degrees (drawer test). The knee also can be examined at 0 degrees. The McMurray test is limited to testing defects of the posterior horn". There is no clinical support within the evidence based literature that would suggest that this particular tool would be any more effective than traditional rehabilitation efforts and clinical followup. Range of motion can be adequately assessed with hands on examination and does not require computer analysis, the evidence of atrophy can be assessed with a hands on examination as can clinical examination for instability, effusion or other objective parameters that would support the patient's ongoing disability and/or be a reflection of his clinical progress. As such, there is no indication that the requested computerized analysis would be considered reasonably medically necessary in this setting.