

Case Number:	CM13-0011275		
Date Assigned:	12/18/2013	Date of Injury:	03/28/2008
Decision Date:	02/04/2014	UR Denial Date:	06/18/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation 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 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:

The patient is a 48-year-old male who reported an injury on 03/28/2008. The patient is currently diagnosed as status post left total knee replacement with residual stiffness. The patient was seen by [REDACTED] on 06/11/2013. The patient reported 3/10 pain with stiffness in the left knee. Physical examination revealed no acute distress and normal, full weight bearing on the lower extremity as well as no swelling, a well-healed surgical incision, slightly diminished flexion and 5/5 strength. Treatment recommendations were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee computerized muscle and flexibility (range of motion) assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding computerized range of motion/strength testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available, including Functional Capacity Examinations and videotapes when reassessing function and functional recovery. As per the clinical notes

submitted, the latest physical examination revealed normal, full weight bearing on the left knee with 5/5 motor strength and only slightly diminished flexion. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, there was no mention of a deficit in the right lower extremity that may warrant bilateral knee computerized muscle and flexibility testing. It is unclear how the requested procedure would be helpful in the overall treatment plan. The medical necessity has not been established. Therefore, the request is non-certified.