

Case Number:	CM14-0013091		
Date Assigned:	06/02/2014	Date of Injury:	04/23/2013
Decision Date:	08/01/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 57-year-old male with a reported injury on 04/23/2013. The injured worker had an examination on 05/20/2014 with complaints of severe pain to the right knee at a level of 8/10; on the right hip, at a level of 8/10; also, left knee pain at 6/10. The medications consisted of Norco, Anaprox DS, Norflex, and Ambien. There was no record of previous treatment provided. The diagnoses were status post arthroscopy/arthroscopic partial meniscectomy to the right knee, impingement syndrome to the right hip, and left knee traumatic synovitis. The request for authorization was signed on 01/21/2014 although there was not a clinical note or rationale provided around that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED STRENGTH AND FLEXIBILITY (ROM) ASSESSMENT OF HIPS AND KNEES: 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), forearm, wrist and hand complaints/and low back complaints, computerized muscle testing, flexibility.

Decision rationale: The Official Disability Guidelines do not recommend computerized muscle testing. There were no studies to support computerized strength testing of the extremities. The Official Disability Guidelines also do not recommend computerized measures of flexibility testing; it is not recommended as a primary criteria. In addition, there was not a clinical note to coincide with the date of the request. Therefore, the request for computerized strength and flexibility range of motion is not medically necessary.