

Case Number:	CM14-0170800		
Date Assigned:	10/23/2014	Date of Injury:	10/31/2013
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 52-year-old male who slipped off a step and twisted his knee on October 31, 2013. He was assessed physically and radiographically as having a torn medial meniscus and anterior cruciate ligament. His physical exam revealed a positive Lachman's and anterior drawer sign, tenderness of the medial joint line, a positive McMurray's sign, with full extension and flexion limited to 120. As of an office visit February 12, 2014, the injured worker indicated a desire to proceed with reconstructive surgery. No further notes are available for review; however, a request for authorization for range of motion testing of the knee was generated on October 10th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334. Decision based on Non-MTUS Citation The Journal of Arthroplasty Vol. 23 No. 6 Suppl. 1 2008, Accuracy of Knee Range of Motion Assessment After Total Knee Arthroplasty

Decision rationale: Accurate measurement of knee joint range of motion (ROM) is extremely important for orthopedic surgeons. These measurements have prognostic significance preoperatively and are used to delineate postoperative rehabilitation. Sufficient knee joint flexion is required to safely complete activities of daily living such as stair climbing, walking, and rising from a chair. Assessment of knee joint ROM before and after knee arthroplasty surgery is also used in outcome assessment measures such as knee scoring instruments. The measured radiographic angulation between the long axis of the femur and the long axis of the tibia is considered the gold standard as the true ROM of the knee joint. Accurate assessment of knee joint ROM after knee joint arthroplasty is difficult to achieve and that although not routinely done, the x-ray provides the best estimation of range of knee joint motion. Chapter 13 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition states that a focused knee examination can ascertain range of motion of a knee in the supine position but does not endorse the use of computer aided technology to make a determination. In this instance, given the large gap in the medical records available for review it seems likely that range of motion testing has been requested either preoperatively or postoperatively with respect to a total or partial arthroplasty of the knee. The medical record provided does not explain why either a physical exam or the heretofore gold standard for measuring joint range of motion at the knee, i.e. x-rays, are not sufficient for providing the necessary information. Therefore, the request for a range of motion testing is not medically necessary and appropriate.