Case Number:	CM14-0024970		
Date Assigned:	06/11/2014	**Date of Injury:**	11/13/2013
Decision Date:	07/15/2014	**UR Denial Date:**	02/10/2014
Priority:	Standard	**Application Received:**	02/27/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine 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 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 30-year-old female who reported an injury on 11/13/2013, due to stumbling on the carpet at work. The injured worker complained of constant right knee pain which was rated 6/10, and complained of occasional right ankle pain which was rated 4/10 this pain increases when trying to work fast and decrease when resting. This pain increases at night, and decreases with working. On physical examination there was tenderness to palpation of the patella and the infrapatella. Range of motion to the knees flexion at 110 degrees and extension recorded at 0 degrees. Orthopedic revealed a positive McMurray's and negative Varus and Valgus stress test. The ankle and foot had tenderness to palpation of the medial and lateral ankle. Range of motion for the ankle, dorsiflexion at 8/11, plantarflexion at 18/21, inversion at 18/21 and eversion at 8/11. The injured worker's medications listed, tramadol, and naproxen, and diphenhydramine .The injured worker's diagnoses listed as right knee sprain/strain, right knee ankle sprain/strain and insomnia. The injured worker has received acupuncture and chiropractic treatments, x-ray was done on 01/28/ 14that showed no evidence of fracture. The treatment plan is for, testing range of motion muscle testing. The request for authorization form dated 01/14/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTING: RANGE OF MOTION MUSCLE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Analysis of Spine Motion Variability using a Computerized Goniometer compared to physical examination. A prospective clinical study. Dopf, CA et al. Spine 1995 Jan 15;20(2):252-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flexibility.

Decision rationale: The request for range of motion muscle testing is not medically necessary. According to Official Disability Guidelines (ODG) the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, 5th edition, states, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures for range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. There are no circumstances or evidence that necessitates range of motion muscle testing. There is no clear rationale provided to support the request. The guidelines do not support computerized for range of motion. The request does not specify the location for the propose range of motion. As such, the request is not medically necessary.