

Case Number:	CM14-0076441		
Date Assigned:	07/18/2014	Date of Injury:	11/28/2012
Decision Date:	09/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation, has a subspecialty Interventional Spine 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 patient is a 41-year-old male with a date of injury of 11/28/2012. The listed diagnoses per [REDACTED] are: Bilateral knee pain and mechanical symptoms, Left knee medial and lateral meniscus tears, Left knee chondromalacia, patellar, with effusion, and Status post left knee arthroscopic surgery on 05/09/2013. According to progress report 05/07/2014, the patient presents with moderate bilateral knee pain rated as 8/10 to 9/10 on a Visual Analog Scale (VAS). The patient reports prolonged walking and standing causes the knees to swell. He has popping, clicking, and unstable knee in the right greater than left. Physical examination of the right knee revealed tenderness on the medial and lateral joint lines. Bilateral knee range of motion was 0 to 130 degrees with pain. There is pain with McMurray's test on the right. The provider is requesting a range of motion testing. Utilization review denied the request on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Recommended. The importance of an assessment is to have a

measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG lumbar chapter, Flexibility Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "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 of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001) See also Stretching.

Decision rationale: This patient presents with moderate bilateral knee pain with popping, clicking, and instability. The provider is requesting a range of motion testing. The ACOEM, MTUS and ODG guidelines do not specifically discuss range of motion (ROM) or strength testing. However, the ODG under Range of Motion does discuss Flexibility. The ODG has the following: It is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. The provider does not explain why a range of motion test is requested as separate criteria. It should be part of an examination performed during office visitation. Therefore, Range of motion testing is not medically necessary.