

Case Number:	CM14-0190449		
Date Assigned:	11/21/2014	Date of Injury:	01/17/2012
Decision Date:	03/17/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old male who sustained an industrial injury on 01/17/2012. Diagnoses include closed patellar fracture, sprain of ankle, and osteoarthritis. Treatment has included initial immobilization, and medications. X ray revealed old patellar fracture with separation of fragments with 7-8 cm gapping, and lateral degenerative changes are noted. A physician progress note dated 10/16/2014 documents the injured worker walks with an antalgic gait and presents using 1 crutch to ambulate. He has decreased right knee range of motion with deformity noted. Gapping and patellar fragments can be felt on palpation. There is diffuse right ankle tenderness, and right great toe tenderness. The treating physician is requesting computerized range of motion of the right knee. The injured worker will proceed with surgery. On 11/04/14 non-certified the request for computerized range of motion of the right knee citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM-Right Knee: 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) Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Computerized muscle testing

Decision rationale: The MTUS states 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. The injured worker has knee pain. In the ACOEM states, The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected. ODG states regarding Range of Motion, Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. ODG states " Not recommended. There are no studies to support computerized strength testing of the extremities". In this instance, a Focused regional examination per ACOEM is warranted. A range of motion test would be considered a routine physical exam component and not considered a special stand alone test, unless indicated specifically. The medical records do not indicate the reason for a range of motion test to be stand alone and not performed in conjunction with a comprehensive physical exam. As such, the request for Computerized ROM-Right Knee is not medically necessary.