

<b>Case Number:</b>	CM15-0106620		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 49 year old male injured worker suffered an industrial injury on 09/12/2014. The diagnoses included left tibial/fibula open repair internal fixation 9/12/2014. The injured worker had been treated with open repair internal fixation and physical therapy. On 4/20/2015 the treating provider reported constant left knee pain rated 6/10 that radiated to the shin with burning, stabbing, weakness and stiffness along with tension. The left foot/ankle had constant pain rated as 6/10 with swelling. He also reported complaints of sleep disorder, anxiety, stress and tension secondary to pain and financial problems. On exam there was gait impairment with tenderness to the patella and reduced strength. He had left foot/ankle inflammation with tenderness and reduced range of motion. The treatment plan included range of motion and muscle testing, orthopedic consultation, and Psychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient range of motion and muscle testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee  
Complaints Page(s): 334.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of musculoskeletal complaints, including those involving the knee. In general, for all musculoskeletal complaints range of motion and muscle testing should be a part of a routine musculoskeletal evaluation. The medical records suggest that this patient's predominant symptoms are in his knee. For a knee examination, the MTUS/ACOEM guidelines state the following: Knee examinations should be performed in a thorough and careful manner in order to identify any clinically significant pathology that may be present. A considerable number of patients may present with findings such as grinding, clicking, popping, and pain, yet do not necessarily have clinically significant intraarticular pathology or require more than conservative care. Patients presenting with sensations of instability or locking require further investigation. Initially, the patient's gait and the appearance of the knees can be observed during stance. Difficulty walking, as well as deformity (e.g., excessive varus or valgus), swelling, redness, and inability to fully extend are all observable in this manner. In the supine position, smaller effusions, tenderness and its location (e.g., at joint lines), and range of motion can be determined. The posterior structures of the knee also can be inspected and palpated, including the popliteal fossa. Collateral ligament stability can be checked by applying varus and valgus stress (pressure) with the joint slightly flexed. Cruciate ligament competence is determined by pulling the tibia forward at 30 degrees (Lachman test) and 90 degrees (drawer test). The knee also can be examined at 0 degrees. The McMurray test is limited to testing defects of the posterior horn. In this case, the records from the treating physician are unclear to justify range of motion and muscle testing beyond what is expected of an evaluation by the treating physician. Without clarification of the rationale for this test and why it is not included in the office evaluation of the patient, outpatient range of motion and muscle testing is not considered as medically necessary.