

Case Number:	CM15-0106865		
Date Assigned:	06/11/2015	Date of Injury:	09/12/2014
Decision Date:	07/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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, North Carolina

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 injured worker is a 55-year-old male, who sustained an industrial injury on September 12, 2014. The injured worker was diagnosed as having left knee arthroscopic surgery, meniscus tear, pain and strain/sprain. Treatment to date has included partial meniscectomy, physical therapy, cane and medication. A progress note dated May 4, 2015 provides the injured worker complains of constant left knee pain with tingling. He rates the pain 8-9/10. Physical exam notes tenderness on palpation with positive McMurray's sign. Range of motion (ROM) is decreased and painful. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) unit, acupuncture, podiatry consultation and range of motion (ROM) testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion testing, Left Knee (1 time/month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Flexibility; Computerized Range of Motion (ROM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar & thoracic, computerized ROM, see flexibility and Other Medical Treatment Guidelines AMA Guide to Disability.

Decision rationale: CA MTUS is silent regarding computerized range of motion (ROM). AMA guidelines state that an inclinometer is the preferred device for obtaining accurate, reproducible ROM measurements. Computerized methods are not recommended. Assessment of ROM is a reasonable part of the physical examination for follow-up visits and does not require a separate billable procedure. Thus, the request for monthly-computerized ROM measures is not medically necessary or appropriate.