

Case Number:	CM15-0017050		
Date Assigned:	03/13/2015	Date of Injury:	04/18/2008
Decision Date:	04/10/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 57 year old male with an industrial injury dated 04/18/2008 resulting in an injury to right knee. Diagnoses includes right knee pain, right knee medial and lateral meniscus tear, and status post right knee arthroscopic surgery with partial medial and lateral meniscectomy and partial synovectomy. Diagnostic testing has included x-rays of the right knee (11/15/2013), and MR arthrogram (11/15/2013). Previous treatments have included conservative measures, medications, right knee MR arthrogram (11/15/2013), right knee surgery (09/04/2014), physical therapy, and consultations. In a progress note dated 11/26/2014, the treating physician reports continued right knee pain with radiation to the plantar area which is more intense with physical activities. The objective examination revealed right knee range of motion from 0/120 degrees, slight limp on the right leg, and tenderness over the medial and lateral joint lines with slight swelling. The treating physician is requesting computerized range of motion testing, Naproxen 550 mg and Prilosec 20 mg which were denied and conditionally non-certified by the utilization review. On 12/26/2014, Utilization Review non-certified a request for computerized range of motion testing, noting that non-MTUS and ODG guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of range of motion testing, Naproxen 550 mg and Prilosec 20 mg. According to the UR report, the request for Naproxen 550 mg and Prilosec 20 mg were conditionally non-certified; therefore, these issues are not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Computerized Muscle Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Range of motion is not medically necessary and appropriate.