

<b>Case Number:</b>	CM15-0133936		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 was a 55 year old female, who sustained an industrial injury, December 8, 2013. The injured worker previously received the following treatments right knee MRI, Indomethacin, left knee MRI, fracture patella closed, cane, CT scan of the left knee, 40 physical therapy visits for the left knee, left knee brace, range of motion testing for the left knee and Motrin. The injured worker was diagnosed with left knee internal derangement with posttraumatic weakness, quadriceps and posttraumatic stiffness with incidental findings of meniscus tear and left knee fracture patella closed. According to progress note of March 3, 2015, the injured worker's chief complaint was left knee pain. The injured worker was status post fracture of the left patella. The injured worker walked with a slight amount of an antalgic gait. The left knee examination showed an extension of 0, flexion of 120 and stable to varus valgus. The quadriceps strength was 4 out of 5. The recent x-ray of the AP and lateral views showed the fracture of the patella appeared to have consolidated well. The physical exam noted mildly sprained left anterior cruciate ligament meniscal tear in the posterior horn of the left medial meniscus and meniscal degeneration of the lateral meniscus. The documentation submitted for review did not indicate a problem with the right knee only the left knee. The treatment plan included electronic measurement of the range of motion of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electronic measurement of range of motion, left knee for PR-4 exam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Flexibility Section.

**Decision rationale:** Per MTUS Guidelines, observing the patient's stance and gait is useful to guide the regional low back examination. In coordination or abnormal use of the extremities may indicate the need for specific neurologic testing. Severe guarding of low-back motion in all planes may add credence to a suspected diagnosis of spinal or intrathecal infection, tumor, or fracture. However, because of the marked variation among persons with symptoms and those without, range-of-motion measurements of the low back are of limited value. Per ODG, the use of range of motion testing is not recommended as a primary criterion, 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. The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. 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. The request for electronic measurement of range of motion, left knee for PR-4 exam is determined to not be medically necessary.