Case Number:	CM15-0169555		
Date Assigned:	09/10/2015	Date of Injury:	07/16/2013
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 30 year old male, who sustained an industrial injury on 07-16-2013. The injured worker is currently temporarily totally disabled. Current diagnoses include right knee sprain-strain, right ankle sprain-strain, right foot sprain-strain, and right knee internal derangement. Treatment and diagnostics to date has included physical therapy, acupuncture, and medications. Current medications include Norco. In a progress note dated 07-24-2015, the injured worker reported bilateral knee pain and right foot-ankle pain rated 5-7 out of 10 on the pain scale. Objective findings included difficulty with rising from sitting and an antalgic gait. The physician noted that creams and medications help decrease his pain. The Utilization Review with a decision date of 08-05-2015 non-certified the request for one range of motion muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One range of motion muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG states that range of motion testing should be part of the routine physical evaluation of the patient and specialized testing is not recommended. Therefore, the request is not certified.