MAXIMUS Federal Services

Case Number:	CM15-0207077		
Date Assigned:	10/23/2015	Date of Injury:	12/30/2010
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 49-year-old female, who sustained an industrial injury on December 30, 2010. The injured worker was diagnosed as having bilateral knee pain and dysfunction with the left worse than the right, bilateral knee mechanical symptoms, left knee tear to the anterior horn lateral meniscus, right knee tear to the posterior horn of the medial meniscus, and bilateral knee chondromalacia. Treatment and diagnostic studies to date has included magnetic resonance arthrogram of the right knee, laboratory studies, magnetic resonance imaging of the lumbar spine, home exercise program, status post partial synovectomy in the medial compartment and suprapatellar pouch, chondroplasty in the medial compartment, partial lateral meniscectomy, and removal of cartilaginous loose body from the medial compartment of the right knee on June 07, 2012, chiropractic therapy (quantity unknown), physical therapy (quantity unknown), acupuncture (quantity unknown), aqua therapy (quantity unknown). In a progress note dated September 23, 2015 the treating physician reports complaints of continued pain and swelling to the right knee at the joint line along with "severe" pain, swelling, locking, and buckling of the left knee. Examination performed on September 23, 2015 was revealing for decreased range of motion to the bilateral knees with pain, stiff gait, pain to the knees with squatting, tenderness to medial and lateral joint line along with the patellar facets of the bilateral knees, "small" effusion to the left knee, and swelling to the anterior lateral right knee, positive McMurray's testing bilaterally. On September 23, 2015, the treating physician requested range of motion testing with a quantity of one, but did not indicate the specific reason for the requested test. On October 05, 2015 the Utilization Review denied the request for range of motion testing with a quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers' Compensation, 5th Edition, Knee & Leg (Acute & Chronic): Stretching and flexibility and Functional improvement measures.

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 section, Range of motion testing.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion testing #1 is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are bilateral knee pain and dysfunction left greater than right; bilateral knee mechanical symptoms; left knee tear anterior horn of lateral meniscus; right knee tear posterior horn medial meniscus; and bilateral knee chondromalacia. Date of injury is December 30, 2010. Request for authorization is September 23, 2015. According to September 23, 2015, progress note, subjective complaints include ongoing right knee pain and swelling. Objectively, the injured worker ambulates with a stiff gait. There is tenderness over the medial and lateral joint lines bilaterally. There is a small left effusion. The treating provider tested range of motion. Left knee ROM was 140/140. Right knee are ROM was 135/140. Extension was 0/0 bilaterally. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Range of motion testing, according to the guidelines, should be part of the routine musculoskeletal evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations for range of motion testing, range of motion testing #1 is not medically necessary.