

Case Number:	CM15-0211490		
Date Assigned:	10/30/2015	Date of Injury:	06/01/2014
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/27/2015

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: Emergency 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 male, who sustained an industrial injury on 06-01-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for medial meniscus tear, patella chondromalacia, knee sprain and tendinitis of the knee. Medical records (05-18-2015 to 09-14-2015) indicate ongoing left knee pain, low back pain with radiating pain into the bilateral lower extremities. Knee pain levels were not rated in severity on a visual analog scale (VAS) but described as moderate to severe. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed a slow antalgic gait, crepitus upon flexion and extension of the left knee, and tenderness to palpation over the left knee patellar. Relevant treatments have included: left knee surgery, physical therapy (PT), left knee injections, work restrictions, and pain medications. The treating physician indicates that ROM testing (12-22-2014) was completed and showed a 10% impairment in the left knee. The request for authorization (09-14-2015) shows that the following test was requested: Range of motion measurement and addressing ADL's (activities of daily living) for the left knee #1. The original utilization review (09-23-2015) non-certified the request for Range of motion measurement and addressing ADL's for the left knee #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement and addressing ADL's for the left knee Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation 9th Edition Low Back - Lumbar & Thoracic (Acute & Chronic) updated 07/31/2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The requested Range of motion measurement and addressing ADL's for the left knee Qty: 1.00, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing not recommended as a primary criteria, 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 and 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 injured worker has ongoing left knee pain, low back pain with radiating pain into the bilateral lower extremities. Knee pain levels were not rated in severity on a visual analog scale (VAS) but described as moderate to severe. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed a slow antalgic gait, crepitus upon flexion and extension of the left knee, and tenderness to palpation over the left knee patellar. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Range of motion measurement and addressing ADL's for the left knee Qty: 1.00 is not medically necessary.