

Case Number:	CM15-0215661		
Date Assigned:	11/05/2015	Date of Injury:	03/14/2015
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is 58 a year old female with a date of injury on 3-14-15. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 8-20-15 reports continued complaints of bilateral knee pain. The pain is described as constant, severe, aching and throbbing and is aggravated by walking, standing, sitting, and climbing stairs. She also has complaints of bilateral leg pain that is constant, severe, aching and pulling. Objective findings: she ambulates with crutches, 3 plus spasm and tenderness to the bilateral popliteal fossa and 2 plus spasm and tenderness to the bilateral anterior medial joint lines. Range of motion was not noted. MRI left knee 5-27-15 revealed mild degenerative changes of the tibia. Treatments include medication, acupuncture, TENS, knee brace and physical therapy. Request for authorization dated 10-5-15 was made for Range of motion measurement. Utilization review dated 10-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Physical Examination.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 58 year old female has complained of knee pain since date of injury 3/14/2015. She has been treated with TENS, acupuncture, physical therapy, knee brace and medications. The current request is for range of motion measurement. Per the MTUS guidelines cited above, range of motion measurements is not a recommended physical modality used in the treatment of chronic knee pain. On the basis of the available medical records and per the MTUS guidelines cited above, the request for range of motion measurement is not indicated as medically necessary.