

Case Number:	CM15-0221776		
Date Assigned:	11/17/2015	Date of Injury:	08/14/2015
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/11/2015

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: Texas, California
 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:

This is a 36 year old male patient, who sustained an industrial injury on 8-14-15. The diagnoses include contusion orbital tissue bilateral, a closed right patella fracture, fracture neck nose injury and skull fracture with no LOC. He sustained the injury due to some metal fell on him and he fell from scaffolding. The patient complained of head and knee pain. Per the doctor's note dated 9-4-15, he complained of right forehead pain, minimal right eye pain and right knee pain. Physical exam findings on 9-4-15 included abnormal gait. Right knee medial and lateral joint lines were not tender. The right patella was noted to be tender. No joint effusion was present. Per the UDS dated 10/15/15, the medications list includes ibuprofen and menthoderm. He had right knee X- ray dated 9/22/15; CT brain which revealed complex fracture of cranium and normal brain. Treatment to date has included open reduction and internal fixation of the right patella on 8-14- 15, use of a knee immobilizer, and use of crutches. On 10-15-15, the treating physician requested authorization for range of motion of the right knee. On 11-4-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/2015) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15), Range of motion (ROM), Flexibility.

Decision rationale: Q-- Range of motion of the right knee. ACOEM and CA MTUS do not address this request. Per the ODG guidelines range of motion testing/flexibility "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent." The cited guidelines do not recommend computerized range of motion testing. The rationale for computerized range of motion testing is not specified in the records provided. The medical necessity of range of motion of the right knee is not fully established for this patient. Therefore, the request is not medically necessary.