

Case Number:	CM15-0047015		
Date Assigned:	03/19/2015	Date of Injury:	03/07/2005
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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:

The injured worker is a 69 year old male, who sustained an industrial injury on 3/7/2005. He has reported getting stuck between pallets that fell and a machine with acute left knee pain and inability to move. There was history documented of knee surgery in 2006 and again in 2008, specifics unknown. He is status post left total knee arthroplasty 11/3/14. The diagnoses have included monoarthritis. Treatment to date has included medication therapy, physical therapy, joint injections. Currently, the IW complains of mild and decreasing left knee pain status post knee replacement. The physical examination from 1/6/2015 documented mild swelling of the knee with well healed incision. Range of Motion (ROM) was documented 0-115 degrees. The provider documented four physical therapy sessions were completed and he continued with home exercises. The plan of care included continued home range of motion exercises and continued medication therapy as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength and Flexibility for The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, computerized muscle testing.

Decision rationale: This 69 year old male has complained of knee pain since date of injury 3/7/05. He has been treated with knee surgery, steroid injection, physical therapy and medications. The current request is for Computerized Strength and Flexibility for The Left Knee. Per the ODG guidelines cited above, Computerized Strength and Flexibility testing for The Left Knee is not recommended as there are no studies that support the use of this testing. On the basis of the above cited ODG guidelines, Computerized Strength and Flexibility for The Left Knee is not indicated as medically necessary.