

Case Number:	CM15-0057287		
Date Assigned:	04/02/2015	Date of Injury:	08/04/2014
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey

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:

The injured worker is a 42-year-old male, who sustained an industrial injury on 8/4/2014. He reported he was moving a toilet and a wall fell and landed on his knee. The injured worker was diagnosed as having left knee cruciate ligament sprain, left knee meniscus tear, left ankle sprain/strain and left hip sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, physical therapy, knee brace and medication management. In a progress note dated 2/23/2015, the injured worker complains of left knee pain. The treating physician is requesting range of motion measurement and to address activities of daily living.

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 (Activities of Daily Living): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Flexibility and Flexion/extension imaging studies.

Decision rationale: The MTUS ACOEM Guidelines do not address range of motion measurements as a separate component of the physical examination to be billed separately for knee injury or any other body part. The ODG states that measuring flexibility, such as with range of motion testing is not recommended as primary criteria, but should be part of a routine physical examination. The guidelines do not recommend computerized measurements of lumbar spine range of motion, such as with an inclinometer as the results have unclear value over manual testing. The request for addressing activities of daily living is not clear or understood by the reviewer based on the notes given to review. Considering the lack of support for the use of separate requesting for range of motion testing, the entire request in this case will be considered medically unnecessary.