

<b>Case Number:</b>	CM15-0086242		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: North Carolina

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 46 year old male sustained an industrial injury to the right knee on 5/6/13. Magnetic resonance imaging arthrogram showed a possible small lateral meniscal tear, patellar lateral tilt and chondromalacia. Previous treatment included right knee arthroscopy times two, physical therapy, aquatic therapy and medications. In a PR-2 dated 3/25/15, the injured worker complained of constant, persistent right knee pain and swelling, rated 7-8/10 on the visual analog scale that was worse with stooping, squatting, standing and walking. The injured worker's pain radiated to the shin, foot and toes. Physical exam was remarkable for healed arthroscopy portals, decreased and painful range of motion with crepitus, tenderness to palpation to the patellar facets and joint lines and pain on McMurray's testing. Current diagnoses included right knee residuals after two prior arthroscopies and patellar chondromalacia. The treatment plan included Orthovisc injections under fluoroscopy and Mentherm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, range of motion testing.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that range of motion determination should be part of the standard physical exam as part of the evaluation of a patient's particular pain complaint. There is no need for specialized equipment or a separate request. Therefore, the request is not certified.