MAXIMUS Federal Services

Case Number:	CM14-0148908		
Date Assigned:	09/18/2014	Date of Injury:	06/15/2013
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations..

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 42 year old patient had a date of injury on 6/15/2013. The mechanism of injury was the patient fell on his right knee, feeling immediate pain. In a progress noted dated 7/3/2014, the patient complains of moderate aching pain in right knee, which increases with walking or standing over 30 minutes, flexing and extending the knee, and climbing or descending stairs. He has increased pain in right knee with activities of daily living including showering and dressing. On a physical exam dated 7/3/2014, there are well-healed surgery scars. There is swelling on right knee, as well as pain, tenderness. The diagnostic impression shows status post right knee surgery with residual pain. Treatment to date: medication therapy, behavioral modification, right knee arthroscopy on 4/24/2014, physical therapy. A UR decision dated 8/18/2014 denied the request for computerized ROM/muscle testing, stating that there is no clinical rationale for this test, as right knee flexion and extension are good.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ROM/ Muscle Testing: 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 and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" In the documentation provided, there was no clear rationale provided regarding the medical necessity of computerized ROM testing. This patient is recommended for physical therapy, and there was no discussion regarding why this patient could not use an inclinometer, which is the preferred device for range of motion. Therefore, the request for computerized ROM/muscle testing was not medically necessary.