

Case Number:	CM13-0034060		
Date Assigned:	12/06/2013	Date of Injury:	02/21/2013
Decision Date:	03/19/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/11/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male patient with a date of injury of February 21, 2013. A utilization review determination dated October 8, 2013 recommends noncertification of computerized range of motion testing for the knees. Noncertification is due to lack of evidence-based guideline support for computerized measurement. A progress report dated December 9, 2013 identifies the subjective complaints indicating that cortisone injections resolved the patient's symptoms completely. The patient is currently waiting for surgery to his right knee. Physical examination identifies no surgical scars, quadricep weakness, and patellofemoral crepitation. The note indicates that the physician requested computerized range of motion testing of the lower extremities. Diagnoses includes traumatic arthritis of the right knee. The treatment plan recommends surgery for the right knee as well as continuing current medications. A progress report dated September 30, 2013 indicates that computerized range of motion and muscle testing of the lower extremities was requested. A report dated September 19, 2013 includes analysis of computerized range of motion and muscle testing data. The report indicates that the right knee is weaker than the left knee, and that both knees have normal range of motion. A progress note dated July 26, 2013 recommends that the patient undergo total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED RANGE OF MOTION TESTING (KNEES): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), General Approach to Initial Assessment and Documentation, page 33, Cornerstones of Disability Prevention and Management, page 89.

Decision rationale: Regarding the request for computerized range of motion testing, Occupational Medicine Practice Guidelines recommend performing a focused physical examination when evaluating patients including examining the musculoskeletal system to evaluate the patient's complaints. Guidelines go on to indicate that during clinical reassessment, a detailed history and physical examination should be conducted. Range of motion and strength testing is considered to be part of the normal physical examination. The requesting physician has not identified why his clinical skills are insufficient to perform a normal range of motion and muscle strength assessment. Additionally, there is no statement indicating how the computerized range of motion and strength testing will aid in the medical decision-making for this patient. It seems clear, that the requesting physician has felt that the patient needs surgical intervention for quite some time. The repetitive computerized range of motion and strength testing has not changed the medical decision-making in any obvious way. In the absence of clarity regarding those issues, the currently requested computerized range of motion testing is not medically necessary.