

Case Number:	CM15-0107352		
Date Assigned:	06/11/2015	Date of Injury:	07/01/2010
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

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:

The injured worker is a 56 year old female who reported an industrial injury on 7/1/2010. Her diagnoses, and/or impressions, are noted to include: status-post left knee arthroscopy, arthroscopic meniscectomy (2011), and total knee replacement (2014); and osteoarthritis of the left knee. The most recent x-rays and imaging studies are stated to have been done in July 2014. Her treatments have included left knee arthroscopic meniscectomy (2/10/11); total left knee replacement (12/8/14); physical therapy; use of cane; medication management with urine toxicology screenings; and rest from work. The progress notes of 4/28/2015 noted moderate left knee pain that worsens with activities and is relieved by rest and medications; as well as worsening anxiety, depression and insomnia, for which she is taking medications. Objective findings were noted to include noting no distress; a normal affect; an antalgic gait without the use of any assistive devices; and mild inflammation and effusion to the left knee that is with a well-healed scar, decreased range-of-motion, and decreased strength. The physician's requests for treatments were noted to include a series of range-of-motion and muscle testing of the left knee due to her worsening anxiety, depression and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle testing 2 x a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM) (2) Knee & Leg (Acute & Chronic), Computerized muscle testing.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for left knee pain. She underwent a left total knee replacement in December 2014. When seen, she was having moderate knee pain. There was an antalgic gait and mild inflammation with an effusion. There was decreased range of motion and strength. Guidelines address range of motion, which should be a part of a routine musculoskeletal evaluation. In this case, the claimant's treating providers would be expected to be able to measure range of motion and strength without need for a separate request for testing. The request is therefore not medically necessary.