

<b>Case Number:</b>	CM15-0129983		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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:

The injured worker is a 26-year-old male who sustained an industrial injury on 8/17/2011 resulting in left hip and knee pain with limited range of motion for the left knee. He was diagnosed with left hip avascular necrosis; left hip and knee strain; and, left knee medial meniscus tear. Treatment has included medication, knee brace, physical therapy with report of some improvement, chiropractic sessions, acupuncture with some pain relief, aqua therapy which he reported as being very effective, yoga, home TENS unit, and home exercise. The injured worker continues to report left knee pain with stiffness, decreased range of motion, and left hip pain and popping. The treating physician's plan of care includes potential knee arthroscopy, injections, and hip replacement, including one range of motion test. PR-2 physician's report dated 6/3/2015 states return to modified work, however, there is no documentation stating whether he is back to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) range of motion test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The ODG states range of motion testing should be part of the routine physical exam in the evaluation of a patient's pain complaints. There is no need for specialized separate range of motion testing. The clinical documentation does not provided information to refute the ODG recommendations and therefore the request is not medically necessary.