

Case Number:	CM15-0179642		
Date Assigned:	09/21/2015	Date of Injury:	06/14/2014
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This is a 50 year old female with a date of injury of June 14, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right knee chondromalacia, right knee meniscus tear, right knee patellar tendinitis, and right knee sprain and strain. Medical records dated May 11, 2015 indicate that the injured worker complains of frequent moderate to 7 out of 10 right knee pain, stiffness, heaviness, numbness, tingling, weakness and cramping. A progress note dated August 3, 2015 notes subjective complaints of intermittent moderate stabbing right knee pain and stiffness, and pain rated at a level of 7 out of 10. Per the treating physician (August 3, 2015), the employee has not returned to work. The physical exam dated May 11, 2015 reveals decreased motor strength of the right knee (4 out of 5), decreased and painful range of motion of the right knee (flexion to 130 degrees, extension at 0 degrees), tenderness to palpation of the anterior knee, lateral knee, and medial knee, and positive McMurray's test. The progress note dated August 3, 2015 documented a physical examination that showed a slow, guarded gait, decreased strength of the right hamstring and quadriceps (4 out of 5), tenderness to palpation of the anterior knee, lateral knee, and medial knee, and positive McMurray's test. Treatment has included right knee diagnostic arthroscopy, magnetic resonance imaging of the right knee (May 15, 2015) that showed posterior horn medial meniscus tear, chondromalacia, osteoarthritis, and tendinosis, and unknown number of sessions of acupuncture, chiropractic treatments, and physical therapy. The original utilization review (August 11, 2015) non-certified a request for range of motion testing once each month for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion test once a month for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 June 2014, is being treated for right knee pain, and has a history of a partial meniscectomy on October 2014. When seen, she was having moderate pain rated at 7/10. There was a slow and guarded gait. There was mild swelling and decreased strength. There was decreased and painful range of motion with knee tenderness and positive McMurray testing. Therapy is being requested and a right total knee replacement is being considered. Range of motion should be a part of a routine musculoskeletal evaluation. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating providers would be expected to be able to measure range of motion using conventional techniques. The requested monthly testing is not considered medically necessary.