

<b>Case Number:</b>	CM15-0076995		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old male, who sustained an industrial injury on 11/06/2013. He reported left knee pain and swelling and was diagnosed with a left knee strain with large effusion. The injured worker is currently diagnosed as having cervical strain, cervical radiculopathy, bilateral shoulders impingement syndrome, left elbow ulnar nerve entrapment, status post right knee meniscectomy, degenerative arthritis of the right knee, traumatic chondromalacia of bilateral knees, left knee synovitis, prior left ankle fracture, and non-verifiable radiculopathy into the lower extremities. Treatment and diagnostics to date has included physical therapy, home exercise program, lumbar spine MRI, cervical spine MRI, left shoulder MRI, left knee MRI, right knee MRI, right knee arthroscopy, computerized range of motion and muscle test, and medications. In a progress note dated 02/11/2015, the injured worker presented with complaints of bilateral knee pain. The treating physician reported requesting authorization for retrospective computerized range of motion and muscle test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Computerized ROM (range of motion) and Muscle Testing (DOS 02/11/15):**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 169-170, 293. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter; Neck chapter; Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**Decision rationale:** As per MTUS ACOEM guidelines, range of motion testing and strength testing is a standard part of history and physical assessment of a patient. There is no need or indication to consider a standard part of a history and physical as a special test. The vast majority of assessments can be done without any specialized machines or computers to record these findings. There is no medical necessity for what is part of a standard physical exam.