MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/2/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/9/2013
Date of Injury:	1/30/2008
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0004188

1) MAXIMUS Federal Services, Inc. has determined the request for **computerized range of motion (ROM) testing of both knees is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **computerized range of motion (ROM) testing of both knees is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Occupational Medcine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 30, 2008. Thus far, he has been treated with analgesic medications, transfer of care to and from various providers in various specialities, a knee brace, bilateral knee meniscectomies and extensive periods of time off of work. The most recent progress report of June 18, 2013 is notable for comments that the applicant reports bilateral knee pain, 3-6/10 on the pain scale. The applicant exhibits well-preserved knee range of motion bilaterally. Lower extremity motion ranges from 4- to 4+/5. Recommendations are made for the applicant to employ tramadol for pain relief and obtain Synvisc injections. The applicant undergoes computerized range of motion and strength testing on June 18, 2013.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination [redacted]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for computerized range of motion (ROM) testing of both knees :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS, and also ACOEM Practice Guidelines, 2nd edition, (2004), Chapter 7, page 137-138, which is not apart of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, Focused Knee Examination Section, which is part of the MTUS.

Rationale for the Decision:
As noted in the MTUS-adopted ACOEM guidelines in Chapter 13, range of motion can be determined both actively and passively. The employee's knee can be examined at both 0 and 90 degrees of motion. The guidelines do not endorse usage of computerized range of motion testing by technicians but rather supports a focussed, thorough, and careful exam by an attending physician. In this case, no compelling rationale was included in the records submitted for review. It was not clearly stated why conventional means of measuring range of motion, such as by observation, could not be employed here. **The request for computerized range of motion testing of both knees is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.