

<b>Case Number:</b>	CM13-0018461		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Internal Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Primary treating physician medical evaluation dated July 3, 2013 was reported by [REDACTED] MD. The patient states that on April 1, 2013, a 25-pound table moved and fell on her right foot. Surgical history: Hernia repair in 2001 and C-section in 2008. Physical examination: Right ankle/foot: No ecchymosis, no abrasions, no inflammation, no lacerations, and no surgical scars. She has tenderness to palpation of the right medial ankle and tenderness to deep palpation of the right plantar ligament. She has decreased sensation to light touch of the plant of her right foot. Range of motion of the right foot: Dorsiflexion 10, Plantarflexion 8, Inversion 17, Eversion 4. Diagnoses: (1) Right foot ankle sprain/strain (2) Right lower extremity neuropathy and radiculopathy X-ray right ankle 06-12-2013 report documented: unremarkable right ankle, no acute fractures or dislocations, no focal abnormalities. Primary treating physician's evaluation report 05-06-2013 by [REDACTED] MD documented physical examination. Examination of the right ankle reveals pain with passive eversion on the right ankle. She has pain to palpation on the lateral aspect of the malleolus. She has pain at the base of fifth metatarsal on examination. Drawer sign was negative. Range of motion of the ankles/feet reveals the following: Right, Left, (Normal) Dorsiflexion 15 degrees, 15 degrees, 15 Plantar, Flexion 40 degrees, 40 degrees, 40 Inversion 30 degrees, 30 degrees, 30 Eversion, 20 degrees, 20 degrees, 20. Progress report 04-03-2013 by [REDACTED] documented right foot injury two days prior 04-01-2013. Physical examination: laxity absent. Range of motion of bilateral ankle was normal. Bilateral dorsiflexion 20 degrees (normal 20), plantar-flexion 45 (normal 45), inversion 30 (normal 30), eversion 20 (normal 20). Utilization review dated 08-07-2013 recommended non-certification of the request for range of motion (ROM) and muscle testing.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 364-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Occupational Medicine Practice Guidelines, Chapter 14 Ankle and Foot Complaints (Page 364-366) addresses physical examination. Range of motion and muscle testing is part the regional examination of the feet and ankles. Range of motion and muscle testing is part of the routine musculoskeletal evaluation. X-ray right ankle 06-12-2013 report documented: unremarkable right ankle, no acute fractures or dislocations, no focal abnormalities. Physical examination with range of motion was performed by three physicians: [REDACTED] MD 04-03-2013, [REDACTED] MD 05-06-2013, and [REDACTED] MD 07-03-2013. MTUS guidelines and medical records do not support the medical necessity of range of motion and muscle testing. Therefore, the request for Range of motion and muscle testing is not medically necessary.