

Case Number:	CM14-0105405		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2013
Decision Date:	12/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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:

The patient is a 39 year old with an injury date on 5/20/13. Patient complains of constant left knee pain rated 6/10 with popping and occasional give way, and constant left ankle pain rated 6/10 per 3/6/14 report. Patient walks with a limp and uses a knee immobilizer per 3/6/14 report. Based on the 3/6/14 progress report provided by the treating physician, the diagnoses are: 1. left proximal fibular oblique mild to moderately displaced fracture 2. left ankle sprain, rule out syndesmosis ligament injury Exam on 3/6/14 showed "sensory exam intact. Tender fibular head. Positive swelling. Left lateral ankle ligaments tender but not in the mid leg or proximally." Patient's treatment history includes medication. The treating physician is requesting range of motion, and x-rays, stress view. The utilization review determination being challenged is dated 6/10/14 and denies request for ankle xray due to lack of documentation about the body part requested. The requesting physician provided a single treatment report from 3/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ROM Testing Page(s): 48.

Decision rationale: This patient presents with left knee pain and left ankle pain. The treater has asked for Range Of Motion. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ROM measurements obtained in degrees is something that can easily be obtained via clinical examination. In this case, the patient does not require computerized measuring. ROM is part of a routine physical examination findings therefore request is not medically necessary.

X-rays, stress view: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter, Radiography

Decision rationale: This patient presents with left knee pain and left ankle pain. The treater has asked for X-Rays, Stress View. Physical exam on 3/6/14 showed X-rays of the left ankle showed no fracture, and no widening of ankle mortise. X-rays left knee fracture healed." Regarding ankle X-rays, ODG recommended if a fracture is considered and if patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. In this case, the patient has persistent ankle pain. The request for x-rays, stress view appears to be retrospective, as there is no mention of a repeat X-ray for ankle therefore request is medically necessary.