MAXIMUS Federal Services

Case Number:	CM14-0151876		
Date Assigned:	09/19/2014	Date of Injury:	02/15/2006
Decision Date:	12/09/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/17/2014

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 Orthopaedic Surgery, 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:

This 57-year-old female sustained an industrial injury on 2/15/06. Injuries were reported to the bilateral lower extremities due to continuous trauma. Podiatric progress reports from 3/17/14 to 6/18/14 documented complaints of bilateral heel and ankle pain and a diagnosis of myositis, tendinitis, and plantar fasciitis. Conservative treatment included Terocin patches, opioid pain medication, anti-inflammatory medications, muscle relaxants, custom orthotics, and home physical therapy and independent exercise. The 7/30/14 podiatry progress report cited grade 4/10 pain, increased to 6-7/10 at worse. There was pain on the back of the left heel/plantar foot with orthotic. Medications helped her to participate in home exercise and complete activities of daily living. Physical exam documented pain to palpation over the right posterior tibial muscle and tendon, ankle capsule, plantar fascia at the level of the medial tubercle, and medial and lateral gutter of the ankle. There was bruising over the right medial ankle and distal leg, and swelling and palpable pain over the retrocalcaneal space on the left. The treatment plan requested follow-up range of motion and muscle testing, urine drug testing, ultrasound and continued home exercise, orthotics, and medications. The 8/23/14 utilization review documented a telephone conversation with the clinical staff that indicated this request for range of motion and muscle testing of both feet was for routine evaluation. The request was denied based on an absence of guideline support beyond the routine evaluation and management physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion of the bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Computerized range of motion (ROM)

Decision rationale: The California MTUS guidelines state that range of motion of the foot and ankle should be determined both actively and passively. For example, by asking the patient to move the foot and ankle within the limits of symptoms and then engaging in gentle range of motion of the joints passively for comparison. Routine musculoskeletal evaluation is within the standard evaluation and management services of the treating physician. The provider has not established the medical necessity of unbundled testing beyond the established parameters of the evaluation and management codes. Guidelines generally do not support the use of computerized measures when the same testing can be done with manual measurement. Therefore, this request is not medically necessary.

Muscle testing of the bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Computerized muscle testing

Decision rationale: The California MTUS guidelines state that resisted range of motion of the foot and ankle may be used to assess strength. The Official Disability Guidelines do not recommend computerized muscle testing and state that there are no studies to support such testing of the extremities. Routine musculoskeletal evaluation is within the standard evaluation and management services of the treating physician. The provider has not established the medical necessity of unbundled testing beyond the established parameters of the evaluation and management codes. Guidelines specifically do not support the use of computerized measures when the same testing can be done with manual measurement. Therefore, this request is not medically necessary.