

Case Number:	CM14-0174002		
Date Assigned:	10/27/2014	Date of Injury:	06/03/2000
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family 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:

This is a 64 year old male patient who sustained an injury on 6/03/2000. He sustained the injury due to fall at work. The diagnoses include lumbar spine disc bulge with spondylolisthesis, left knee meniscal tear and left ankle lateral ligament tear. Per the doctor's note dated 8/26/14, patient had complaints of pain in the low back, left knee and left ankle. Physical examination revealed lumbar spine- spasm over the lower lumbar area, paraspinal tenderness, pain with motion and range of motion-flexion 45, extension 20, lateral bending right/left 20/20 degrees; left knee-muscle atrophy of the Quadriceps, point tenderness upon palpation about the medial and lateral joint line and positive McMurray's test and Apley's test, range of motion- flexion 110 and extension 0 degrees; left ankle/foot- a well-healed surgical incision, positive Anterior drawer sign, tenderness over the 5th metatarsal and lateral ankle, mild effusion, positive valgus and varus stress test; range of motion- dorsiflexion 15 and plantar flexion 35 degrees. The medication list includes Norco, soma, Celebrex, Senna plus, omeprazole, ibuprofen and voltaren gel. He has had left ankle X-ray. He has undergone repair of peroneal tendon lateral left ankle in 2008. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion bilateral ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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) Chapter: Low Back (updated 11/21/14) Range of motion (ROM), Flexibility

Decision rationale: Per the cited guidelines "The range of motion of the foot and ankle should be determined both actively and passively, for instance, 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 (rear foot, midfoot, forefoot, toes) passively for comparison. Resisted range of motion may be used to assess strength and the presence of injury in associated muscles. Atrophy of calf muscles is an objective finding, but one that arises only after weeks to months of problems." Per the ODG guidelines cited above ROM testing/flexibility "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent...." Rationale for the need of computerized assessments is not specified in the records provided. The patient had already had general testing for range of motion of ankle and foot. Per the doctor's note dated 8/26/14, physical examination of the left ankle/foot revealed a well-healed surgical incision, positive Anterior drawer sign, tenderness over the 5th metatarsal and lateral ankle, mild effusion, positive valgus and varus stress test; range of motion- dorsiflexion 15 and plantar flexion 35 degrees. Rationale for additional testing for range of motion is not specified in the records provided. The medical necessity of (additional) range of motion testing for bilateral ankles is not fully established for this patient.