MAXIMUS Federal Services

Case Number:	CM14-0020274		
Date Assigned:	04/25/2014	Date of Injury:	12/08/2000
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

The patient has submitted a claim for plantar fibromatosis associated with an industrial injury date of December 8, 2000. Treatment to date has included oral analgesics, physical therapy, chiropractic care and use of night splints. Medical records from 2013 to 2014 were reviewed and showed persistent bilateral Achilles tendon and foot pain. Physical examination showed a good gait, moderate to severe hyperpronation, mild limitation of motion of the right foot, mild to moderate limitation of motion of the left foot, and intact sensation and motor strength. The patient was diagnosed with bilateral ankle sprain/strain, bilateral foot metatarsalgia, and plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION TESTING FOR THE LOWER EXTREMITIES; DOS 1/16/14: Upheld

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) Low Back Chapter, Flexibility.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines were used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Range of motion assessments should be provided as part of the physical examination component, and not as a separate assessment. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for range of motion (ROM) testing is not medically necessary.