

Case Number:	CM14-0075989		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2012
Decision Date:	08/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic 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 34-year-old female probation officer sustained an industrial injury on 2/1/12. Injury occurred while she was kicking during a martial arts training. She sustained a distal tibial fracture and rupture of the syndesmosis between the distal tibia and fibula. She underwent right ankle syndesmotic repair on 8/23/13. The 9/17/13 treating physician report cited improvement in right ankle symptoms. The patient was on non-weight bearing status and was using a knee walker and CAM walker. There was a well-healed right ankle incision secondary with slight bruising on the distal fibula. Right ankle dorsiflexion was 0 degrees. The treatment plan recommended a continuous passive motion unit. Muscle testing was performed. The 5/23/14 utilization review denied the request for muscle testing on date of service 9/17/13 as there was limited evidence to support the medical necessity of muscle testing and guidelines do not support computerized measurement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Muscle Testing (DOD 9-17-13): Upheld

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

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 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 Official Disability Guidelines state that there are no studies to support computerized muscle strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. The provider has not established the medical necessity of 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 for retrospective review of muscle testing for date of service 9/17/13 is not medically necessary.