

Case Number:	CM14-0188917		
Date Assigned:	11/19/2014	Date of Injury:	04/12/2005
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for ankle and foot pain reportedly associated with an industrial injury of April 12, 2005. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for range of motion and strength testing of the ankle. Non-MTUS ODG Low Back Guidelines were invoked. The claims administrator noted that the applicant had had history of earlier foot exocytosis and foot fusion surgery with 18 sessions of physical therapy. The claims administrator stated that its decision was based on documents dated September 17, 2014 and September 29, 2014. The applicant's attorney subsequently appealed. In an RFA form dated September 20, 2014, range of motion and muscle testing were sought. In a handwritten note dated September 3, 2014, the applicant was described as having retired from his former employment. Persistent complaints of foot pain exacerbated by standing and walking, were appreciated. The applicant did exhibit calluses about the foot. Some nail thickening was noted. The applicant did exhibit bunions and hammertoes. The applicant was given a diagnosis of Charcot foot. Home exercises, stretching, strengthening, medications, and custom made shoes were sought, along with computerized range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM and muscle testing for the right foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, pages 365-366, range of motion of foot and ankle should be determined "both actively and passively." ACOEM Chapter 14, page 266 also suggests resisted range of motion testing as a means of assessing strength in the presence of injury and associated musculature. Thus, ACOEM takes the position that an attending provider should assess an applicant's range of motion actively and passively and assess an applicant's strength through conventional manual muscle testing. By implication, ACOEM does not support the formal computerized range of motion and muscle testing for the foot and ankle. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence in its handwritten progress note which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.