

Case Number:	CM14-0193217		
Date Assigned:	12/01/2014	Date of Injury:	08/01/1993
Decision Date:	05/01/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male, who sustained an industrial injury on August 1, 1993. The injured worker was diagnosed as having a probable fracture of the ankle/talus, metatarsalgia, capsulitis, and osteoarthritis. Treatment to date has included steroid injection, CT scan, home exercise program, stretching, casted for orthotics, and medications including pain, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. On September 3, 2014, the injured worker complains of left ankle pain with increased pain and swelling with standing and walking. The physical exam revealed decreased sensation of bilateral feet and ankles, absent bilateral patellar and Achilles reflexes, and bilateral 3rd-5th hammer toes. There was pain with palpation of the left plantar fascia at the levels of the medial tubercle and the body, arch muscles, and the posterior process of the talus. The treatment plan includes continuing home exercises, stretches, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle testing Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter , Functional improvement measures.

Decision rationale: The patient presents with left ankle pain. The request is for RANGE OF MOTION AND MUSCLE TESTING BILATERAL LOWER EXTREMITIES. Physical examination to the left ankle on 08/01/14 revealed tenderness to palpation throughout. Range of motion was decreased in all planes. Patient's gait was antalgic and ambulated using a one-point cane. Per 08/13/14 progress report, patient's diagnosis include plantar fascia, ankle capsulitis, and myositis. Patient's medications, per 08/01/14 progress report include Norco, Anaprox, Ultram, Prilosec, Xanax, Trazodone, Lexapro, and Zanaflex. Patient is permanent and stationary. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The treater does not discuss this request. In this case, the progress reports provided were hand-written and not legible. The records do not show any diagnostic ROM and muscle testing. The ODG guidelines recommend range of motion testing and muscle testing as part of followup visits and routine examination and the treater does not explain why a range of motion and muscle testing is requested as a separate criteria. They should be part of an examination performed during office visitation. The request IS NOT medically necessary.