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| Case Number: | CM15-0107264 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 09/12/2014 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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: Pennsylvania, Ohio, 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 50 year old male, who sustained an industrial injury on September 12, 2014. The mechanism of injury was not provided. The diagnoses have included status post left tibia/fibula open reduction and internal fixation on 9/13/2015. Treatment to date has included medications, radiological studies, acupuncture treatments, physical therapy and left tibia/fibula surgery. Current documentation dated May 18, 2015 notes that the injured worker reported constant left knee pain with radiation to the shin. The injured worker also noted constant left ankle and foot pain and swelling. The injured workers pain was rated a six out of ten on the visual analogue scale. The injured worker noted that his pain was well controlled with medications. Left lower extremity examination revealed tenderness to palpation of the patella. Knee range of motion was decreased. Strength was also noted to be decreased. Examination of the left ankle and foot revealed minimal inflammation of the entire ankle joint and foot. There was tenderness to palpation over the shin and the medial and lateral ankle. Strength and range of motion were decreased. The treating physician's plan of care included a request for outpatient 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:

Outpatient range of motion (ROM) and muscle testing: 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/Flexibility.

Decision rationale: ODG discusses range of motion and muscle testing under flexibility. Such testing is a routine part of any musculoskeletal physical examination and thus part of an office visit to a pain or musculoskeletal or neurology related practitioner. Neither the guidelines nor medical records provide a rationale instead for this testing as a distinct certifiable service. Therefore, this request is not medically necessary.