

Case Number:	CM15-0142422		
Date Assigned:	08/03/2015	Date of Injury:	06/30/2014
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 42-year-old male who sustained an industrial injury on 6-30-14. The injured worker lost his balance, causing him to fall from a large piece of equipment, injuring his left foot and ankle. His initial complaints were that of left foot and ankle pain. As a result of the events leading to the injury, the physician recommended Cardio-Respiratory Diagnostic Testing to screen for symptoms that may arise out of the industrial injury. The injured worker also underwent x-rays of the left foot and ankle. He, subsequently, had an open reduction, internal fixation repair of his left ankle on 7-18-14. Currently, the injured worker complains of intermittent to moderate pain in his left ankle. He rates the pain 4-5 out of 10 and states that it is a "throbbing" type pain. He states that this is aggravated by prolonged walking or standing. The PR-2 states, "the range of motions is decreased and painful", as well as muscle spasm of the calf and distal leg. Diagnoses: Left ankle pain, Left ankle sprain or strain, status -post surgery left ankle. Treatment recommendations are for physical therapy to decrease pain and spasms, as well as increase range of motion, Podiatry consultation, 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 test 1x a month per doctor's visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-367.

Decision rationale: In this case, the request is for monthly range of motion (ROM) testing for the diagnosis of ankle pain strain in 2014. Referral for a formal ROM testing is not recommended unless the patient is undergoing a Functional Capacity Evaluation or impairment rating. ROM testing is an inherent part of any normal physical examination and can be performed by any provider with an inclinometer. Computerized ROM is not recommended as opposed to an inclinometer, which produces accurate, reproducible measurements in a simple, practical and inexpensive way. Therefore, this request is not medically necessary or appropriate.