

<b>Case Number:</b>	CM15-0208403		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 33 year old male, who sustained an industrial injury on December 5, 2014. The injured worker was currently diagnosed as having left ankle sprain and strain. On September 14, 2015, the injured worker complained of intermittent, moderate achy left ankle and foot pain with weakness. He also reported numbness to the left foot and toes. The pain was rated a 5 on a 1-10 pain scale. Examination of the left ankle revealed tenderness to palpation of the anterior ankle and dorsal ankle along with muscle spasm of the calf. Anterior drawer caused pain and there was swelling present at the left ankle. Range of motion was decreased and painful at flexion 25 degrees, extension 10 degrees, inversion 15 degrees and eversion 10 degrees. Future treatment included physical therapy, acupuncture, medication consultation and a follow-up visit. On September 24, 2015, utilization review denied a request for range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment.

**Decision rationale:** As per MTUS ACOEM guidelines, range of motion testing is part of a standard physical exam. There is no necessity for any special testing to determine range of motion. There is no justification provided to claim this as a separate procedure or test. Range of motion testing is not medically necessary.