

<b>Case Number:</b>	CM15-0030773		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Utah, Arkansas  
 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 female, who sustained an industrial injury on 4/3/2012. The diagnoses have included plantar fasciitis, painful internal fixation, painful gait, status post repair of peroneus brevis tendon, Open Reduction and Internal Fixation (ORIF) left ankle and removal of fixation on left foot, and status post repair of posterior tibial tendon. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, joint injection, and physical therapy. Currently, the IW complains of improvement of symptoms from the removal of hardware. On 2/11/14, the wound was assessed without signs or symptoms of infection and sutures were removed. The plan of care was for follow up in four weeks with initiation of physical therapy and acupuncture. On 1/30/2015 Utilization Review non-certified a Range of Motion (ROM) muscle testing. The MTUS and ODG Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of Range of Motion (ROM) muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion, Muscle testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s):

79,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle & Foot Section (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computerized Muscle Testing Section.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Computerized Muscle Testing. Guidelines state the following: Computerized muscle testing is "Not recommended. There are no studies to support computerized strength testing of the extremities". According to the clinical documentation provided and current guidelines; Computerized Muscle Testing is not indicated as a medical necessity to the patient at this time.