

<b>Case Number:</b>	CM14-0159819		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/12/2005
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old male whose date of injury was if all 12th 2005 when he slipped from a beam. His had between 10 and 15 foot surgeries since 2007 and 03-19-2014 the he had another surgery to remove exostosis from several sites within the right foot. The postoperative physical exam reveals diminished right ankle and foot range of motion, an externally rotated right lower extremity, atrophy of the intrinsic foot muscles, and diminished sensation of the lower extremities generally. He also has hammer toes of the second through fifth toes bilaterally. The last note from podiatry available for review was from July 9, 2014. A note from physical therapy dated May 28 of 2014 states that the injured worker has subjective and objective deficits that can be addressed by physical therapy intervention. The injured worker was said to be receiving new diabetic shoes. There is a request for authorization for range of motion and muscle testing of the right foot. This is presumed to be computer aided. This request comes from September 2014. Per the podiatry office note template, "these tests are necessary to provide objective findings for measuring functional goals and assessing the function loss of the patient in order to assist in the development and modification of a treatment plan".

### 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 (right foot): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Flexibility

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 364-367. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) specifies the details of the ankle and foot examination in Chapter 14. Physical and observational methods are recommended. Computer aided determinations are not. Per the Official Disability Guidelines, the AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. In this instance, it is presumed that range of motion and muscle testing with regard to the right foot that is being requested is of a computer aided variety. The documentation submitted does not elucidate in what way a computer-aided analysis will assist in the development and modification of a treatment plan for the injured worker as he is already involved with physical therapy and recently received diabetic shoes. The official disability guidelines do not specifically address computer aided determinations for range of motion with regard to the foot, but with regard to the lumbar spine, the guidelines do not recommend the more expensive methodologies because of the unclear therapeutic value. The documentation in this instance fails to show the medical necessity of computer-assisted range of motion and muscle strength determinations in terms of therapeutic value or treatment plan changes. Therefore, and because there is no reason given as to why this cannot be done as part of a routine physical examination, additional range of motion and muscle testing (right foot) is not medically necessary.