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| <b>Case Number:</b>   | CM14-0184447 |                              |            |
| <b>Date Assigned:</b> | 11/10/2014   | <b>Date of Injury:</b>       | 05/20/2014 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2014 |

### 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 Internal Medicine and is licensed to practice in California. 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:

Date of injury 05-20-2014. The doctor's first report of occupational injury dated 5/21/14 documented right ankle sprain. Regarding the mechanism of injury, the foot slipped and the ankle twisted. Subjective complaint was ankle pain. Objective findings included right ankle tenderness. Dorsiflexion was 15 degrees. Plantar flexion was 40 degrees. Inversion was 10 degrees. Eversion was 15 degrees. X-ray of the right ankle was normal. Diagnosis was right ankle sprain, strain. The progress report dated 6/03/14 documented that the right ankle range of motion was unrestricted, with 5/5 muscle strength. There was no tenderness of the right ankle. The progress report dated 9/15/14 documented right knee range of motion was 0 through 125 degrees. Computerized range of motion (ROM) testing of the right lower extremity was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized ROM testing right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic); Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 292-293, 333-335, 365-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that range-of-motion measurements of the low back are of limited value. ACOEM Chapter 13 Knee Complaints states that range of motion can be determined, as part of the knee physical examination. ACOEM Chapter 14 Ankle and Foot Complaints states that in the recommended focused foot and ankle examination, the clinician observes the foot for heel position and arch shape as the patient bears weight. The range of motion of the foot and ankle should be determined both actively and passively, as part of the regional foot and ankle examination. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) state that flexibility is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. Computerized range of motion (ROM) testing of the right lower extremity was requested. Medical records document range of motion measurements as a component of the physical examinations performed during clinical evaluations. MTUS, ACOEM, and ODG guidelines indicate that ROM range of motion is a part of the physician's physical examination. Additional and separate ROM range of motion measurements is not supported. Therefore, the request for Computerized ROM testing right lower extremity is not medically necessary.