

Case Number:	CM15-0015965		
Date Assigned:	02/04/2015	Date of Injury:	05/20/2014
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 23 year old male, who sustained an industrial injury on 5/20/14. He has reported right foot injury and low back injury working as a patrolman and twisting his right leg/ankle. The diagnoses have included right ankle foot strain/sprain and lumbar spine strain. Treatment to date has included medications, ankle brace, quad cane, diagnostics and physical therapy. Currently, the injured worker complains of low back pain and pain in right ankle. There were no diagnostics noted. Physical exam revealed right ankle plantar flexion 70 percent and dorsiflexion 70 percent with tenderness of the lateral joint area noted with palpation. The injury occurred 7 months ago. The work status was modified work and partial temporary disability. On 12/31/14 Utilization Review non-certified a request for Computerized Range of Motion Testing Right Lower Extremity, noting that a competent clinician is capable of obtaining very accurate results with a hand held goniometer. The computerized study is not medically necessary per the guidelines. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion Testing Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, range of motion

Decision rationale: The patient was injured on 05/20/14 and presents with right ankle pain and lower back pain. The request is for a COMPUTERIZED RANGE OF MOTION TESTING RIGHT LOWER EXTREMITY. There is no RFA provided and the most recent report provided from 10/07/14 states that the patient is to remain off of work until 11/19/14. Treatment to date has included medications, ankle brace, quad cane, diagnostics and physical therapy. The request is unclear as there are no discussions regarding the request. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength test. However, ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, Not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation. The reason for the request is not provided. The 10/07/14 report indicates that the patient has right ankle plantar flexion 70 percent and dorsiflexion 70 percent with tenderness of the lateral joint area noted with palpation. He is diagnosed with a right ankle foot strain/sprain and a lumbar spine strain. ODG Guidelines considers examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a computerized range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The requested computerized range of motion test for the right lower extremity IS NOT medically necessary.