MAXIMUS Federal Services

Case Number:	CM15-0114588		
Date Assigned:	06/22/2015	Date of Injury:	06/30/2014
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
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 63 year old female, who sustained an industrial injury on 6/30/14. She has reported initial complaints of left lower extremity (LLE) and left foot injury. The diagnoses have included status post left foot and ankle trauma with fracture. Treatment to date has included medications, activity modifications, bracing, and walker, diagnostics, chiropractic, physical therapy, Functional Capacity Evaluation (FCE) and other modalities. Currently, as per the physician progress note dated 5/21/15, the injured worker complains of activity dependent severe sharp left foot pain that radiates to the plantar, calf and knee with numbness, tingling and pain. The left leg also gives out at times and she has difficulty with activities of daily living (ADL). The objective findings reveal that she walks with a limp and uses a walker, there is swelling about the left foot, there is tenderness to palpation in the left foot and ankle, there is pain with range of motion in the left foot and ankle, ankle extension is 15 degrees, flexion is 30 degrees, inversion is 30 degrees and eversion is 15 degrees. She had previous injection to the left foot with pain relief for about 4-5 days. The diagnostic testing that was performed included X-ray of the left ankle and foot dated 10/22/14 reveals negative exam of the left ankle and evidence of a healed fracture of the left second metatarsal and evidence of generalized osteopenia. The Magnetic Resonance Imaging (MRI) of the left foot dated 2/21/15 reveals non-displaced stress fracture, bone marrow edema and mild osseous overgrowth. The Magnetic Resonance Imaging (MRI) of the left foot dated 5/21/15 reveals healed fracture and evidence of osteopenia. The current medications included Naproxen, Tramadol, Prilosec and Menthoderm ointment. The physician requested treatment included Range of motion testing of the left foot/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing, left foot/ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, range of motion.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG stages range of motion testing should be part of the routine physical examination in the evaluation of pain complaints. The need for specialized or separate range of motion testing is not established in the provided clinical documentation for review. Therefore the request is not medically necessary.