MAXIMUS Federal Services

Case Number:	CM15-0175262		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2014
Decision Date:	10/27/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male who sustained an industrial injury on 12/05/2014 when pallets fell and partially punctured his left ankle and leg. The injured worker was diagnosed with left ankle sprain and strain, crush injury and left ankle contusion. According to the treating physician's progress report on July 27, 2015, the injured worker continues to experience intermittent moderate pain and stiffness of the left ankle and foot rated at 4-5 out of 10 on the pain scale. Examination demonstrated an antalgic gait with swelling of the left ankle. Range of motion was decreased and painful with tenderness to palpation of the anterior and dorsal ankle. There was muscle spasm of the calf and anterior drawer test caused pain. Inclinometry range of motion evaluation was performed on March 31, 2015. Prior treatments included diagnostic testing with recent left lower extremity magnetic resonance imaging (MRI) on February 23, 2015, physical therapy, cortisone injections and medications. Recent medications were listed as Gabapentin, Diclofenac, Pantoprazole and compounded topical analgesics as of July 9, 2015. Treatment plan consists of physical therapy, acupuncture therapy and follow-up appointments and the current request for range of motion testing. On 08-06-2015 the Utilization Review determined the request for range of motion testing was not medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM) (2) Knee & Leg (Acute & Chronic), Computerized muscle testing.

Decision rationale: The claimant sustained a work injury in December 2014 with a crush injury to the left ankle when he collided with four operator. Treatments included a cast and physical therapy. When seen, he was having ongoing pain with prolonged standing and walking. Physical examination findings included left ankle swelling with decreased and painful range of motion and tenderness. There were muscle spasms in the calf. There was an antalgic gait. There was pain with anterior drawer testing. Being requested is authorization for range of motion testing. Range of motion should be a part of a routine musculoskeletal evaluation. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating providers would be expected to be able to measure range of motion using conventional techniques. This request for separate range of motion testing is not medically necessary.