

<b>Case Number:</b>	CM15-0069080		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: 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 male patient who sustained an industrial injury on 01/24/2011. The injury noted described as continuous trauma to feet, back and ankle. He has been psychologically evaluated. A secondary treating office visit dated 03/16/2015 reported the patient awaiting possible surgical intervention. The patient was placed on temporary total disability in 2011, and has not worked since. The patient reports subjective complaint of left ankle pain. The following diagnoses are applied: bilateral plantar fasciitis; bilateral tenosynovitis; bilateral tibial tendonitis; bilateral enthesopathy, ankle/tarsus/sinus tarsi; left greater; joint pain; limb pain, and calcaneal valgus. The plan of care involved recommending an AFO device with orthotic built in, a Mayor or Richie brace for bilateral feet. And follow up. A secondary treating office visit dated 07/01/2014 reported the patient diagnosed with lumbar musculoligamentous strain/sprain; lumbar myospasm; rule out lumbar radiculopathy; metatarsalgia of bilateral feet, and hallux valgus deformity, bilateral feet. The plan of care involved: continue with internist treating hypertension; continue with psychiatric sessions; continue with home exercise program; continue medication management, and undergo a magnetic resonance imaging study of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective range of motion test (DOS 3/16/15): Upheld**

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

**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.

**Decision rationale:** Official Disability Guidelines regarding Computerized range of motion (ROM) notes to see flexibility. Official Disability Guideline's section on flexibility notes the following: Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The medical records do not establish the medical necessity of range of motion test performed on the injured worker on 3/16/15. While standard range of motion testing is supported, the request for special test to determine correct and accurate range of motion is not supported. The request for Retrospective range of motion test (DOS 3/16/15) is not medically necessary and appropriate.