

Case Number:	CM13-0029831		
Date Assigned:	11/01/2013	Date of Injury:	04/14/2010
Decision Date:	03/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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:

The patient is a 66-year-old female who reported a work-related injury on 04/14/2010, specific mechanism of injury not stated. The patient presents for treatment of the following diagnosis, sprain/strain to the left ankle/foot. The clinical note dated 10/11/2012 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports a loss of motor strength over the left ankle and noted to be at 4/5. The provider requested aqua therapy interventions for the patient as well as an ankle exercise kit

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a Be Better ankle rehabilitation kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient's course of treatment such as conservative measures for her left ankle pain complaints. The clinical notes failed to document a recent thorough physical exam of the patient to support

the requested intervention close to 4 years status post a work-related injury sustained. Official Disability Guidelines indicate exercise program goals should include strength, flexibility, endurance, coordination, and education. However, given the lack of documentation of a recent physical exam of the patient's left ankle as well as the patient's course of treatment over the past 3 years, the current request is not supported. As such, the request for purchase of Be Better Ankle Rehab Kit is not medically necessary nor appropriate.

A neuromuscular stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient's course of treatment such as conservative measures for her left ankle pain complaints. The clinical notes failed to document a recent thorough physical exam of the patient to support the requested intervention close to 4 years status post a work-related injury sustained. California MTUS indicates neuromuscular electrical stimulation is not recommended and is used primarily as part of a rehabilitation program following a stroke and there is no evidence to supports its use in chronic pain. Given all of the above, the request for neuromuscular stimulator is not medically necessary nor appropriate.

The request for 18 pairs of electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.