

Case Number:	CM13-0044044		
Date Assigned:	12/27/2013	Date of Injury:	07/02/2009
Decision Date:	06/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 56-year-old male who reported an injury on 07/02/2009. The mechanism of injury was not provided for review. The patient developed chronic pain of the left lower extremity that was managed with medications, physical therapy, and immobilization. It was also noted that x-rays were taken of the ankle and tibia, heel, and foot at the appointment on 10/21/2013 that did not reveal any acute changes. Physical findings included mechanical symptoms of the left knee and swelling of the left ankle. The patient's diagnoses included left ankle sprain with possible internal derangement, and left knee spasms, and osteoarthritis of the left knee. The patient's treatment plan included imaging studies, physical therapy, aqua therapy, a gym membership, and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT CALF WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: Official Disability Guidelines state that "soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption)" are best evaluated by MRI. As the patient's calf does not contain any of these structures, the need to evaluate it with an MRI is not clearly identified by the submitted documentation. Additionally, it is noted that the patient did undergo an x-ray exam of the patient's tibia that did not reveal any acute changes. There are no indications of any red flag conditions that would support the need for an MRI. As such, the requested MRI of the left calf without contrast is not medically necessary or appropriate.

MRI OF THE LEFT ANKLE/FOOT WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continuing pain complaints and swelling of the ankle. The American College of Occupational and Environmental Medicine recommends MRIs for the ankles when there is a suspicion of soft tissue injury. However, the clinical documentation submitted for review indicates that the patient's pain is related to the need for new orthotic support. Evaluation of the patient's response to this conservative treatment would need to be provided prior to the determination of the need for an MRI of the ankle. The American College of Occupational and Environmental Medicine only recommends MRIs after the patient has failed to respond to conservative treatments. As such, the requested MRI of the left foot/ankle is not medically necessary or appropriate.

A GYM PROGRAM: 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), TWC, Low Back Chapter, Gym Membership.

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

Decision rationale: Official Disability Guidelines only recommend a gym membership when the patient has failed to progress in a home exercise program and would benefit from equipment that cannot be provided in the home. There is no documentation that the patient has failed to respond to a home exercise program and requires exercise equipment that cannot be provided in the home. As such, the requested gym membership is not medically necessary or appropriate.

WEIGHT REDUCTION PROGRAM: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has weight management issues. Official Disability Guidelines recommend supervised weight management programs when the patient has failed to respond to self-managed nutritional programs and self-directed exercise programs. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to any self-directed weight management programs. Therefore, the need for a supervised program is not indicated. As such, the requested weight reduction program is not medically necessary or appropriate.

PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS INCLUDING AQUATHERAPY FOR THE BACK, LEFT KNEE, CALF AND ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient recently underwent physical therapy. There is no documentation that the patient is participating in a home exercise program. The California Medical Treatment Utilization Schedule recommends that patients maintain improvement levels obtained during skilled supervised therapy through a home exercise program. Additionally, the California Medical Treatment Utilization Schedule recommends aquatic therapy when there is a need for a non-weightbearing environment during active therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires a non-weightbearing environment and cannot tolerate land-based physical therapy. As such, the requested physical therapy 3 times a week for 6 weeks, including aqua therapy for the back, left knee, calf, and ankle is not medically necessary or appropriate.