

Case Number:	CM13-0050450		
Date Assigned:	04/09/2014	Date of Injury:	10/16/2007
Decision Date:	05/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle, foot, knee, low back, neck, midback, and facial pain reportedly associated with an industrial injury of October 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report of November 4, 2013, the claims administrator denied a request for durable medical equipment knee home exercise kit and an ankle and foot home exercise kit. The applicant's attorney subsequently appealed. The attending provider apparently endorsed these articles through an October 21, 2013 prescription/request for authorization through prescriptions and request for authorization dated October 21, 2013 and September 4, 2013, respectively. No clinical progress notes were attached to these RFA (request for application) forms. A progress note of October 3, 2013, however, was notable for comments that the applicant was having persistent low back pain issues. Diminished range of motion is noted about the lumbar spine. The applicant was apparently returned to regular work and asked to employ topical compounds, obtain acupuncture, participate in physical therapy, and obtain durable medical equipment in the form of a home exercise kit for low back, foot, and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT KNEE HOME EXERCISE KIT INCLUDING KNEE BOLSTER, WEIGHT BAG, EXTREMITY STRAP, REHAB PULLEY, INSTRUCTION BOOK AND SUPPLY BAG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, to achieve a functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Thus, the articles being sought by the attending provider to facilitate home exercises are, according to the ACOEM Guidelines, deemed matters of applicant responsibility as opposed to matters of payer responsibility. In this case, it is further noted that the attending provider has not furnished any compelling rationale as to why the applicant cannot independently perform home exercises, just as she returned to regular work of her own accord. The request for a knee home exercise kit, including knee bolster, weight bag, extremity strap, rehab pulley, instruction book, and supply bag, is not medically necessary or appropriate.

DURABLE MEDICAL EQUIPMENT ANKLE/FOOT HOME EXERCISE KIT INCLUDING ANKLE/FOOT ROCKER, STRETCHER, JUMP ROPE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, the home exercise kit being sought by the attending provider has been deemed, according to the ACOEM Guidelines, to be a matter of applicant responsibility as opposed to a matter of payer responsibility. The request for an ankle/foot home exercise kit, including ankle/foot rocker, stretcher, and jump rope, is not medically necessary or appropriate.