

Case Number:	CM14-0166037		
Date Assigned:	10/13/2014	Date of Injury:	07/14/2000
Decision Date:	12/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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:

Patient is a 51 year-old male with date of injury 07/14/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/03/2014, lists subjective complaints as right ankle pain. Objective findings: Examination of the right ankle revealed tenderness to palpation of the lateral side and swelling. Inversion stress caused pain. No other physical examination findings were documented in the PR-2 supplied for review. Diagnosis: 1. Ankle pain, right 2. Depression 3. Status post Achilles tear with surgery x3 and post-operative infection. Patient completed 24 sessions of aqua therapy and reported a 10-20% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent Gym Program for 6 Months for The Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Gym membership

Decision rationale: Patient is a 51 year-old male with date of injury 07/14/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/03/2014, lists subjective complaints as right ankle pain. Objective findings: Examination of the right ankle revealed tenderness to palpation of the lateral side and swelling. Inversion stress caused pain. No other physical examination findings were documented in the PR-2 supplied for review. Diagnosis: 1. Ankle pain, right 2. Depression 3. Status post Achilles tear with surgery x3 and post-operative infection. Patient completed 24 sessions of aqua therapy and reported a 10-20% improvement.