

Case Number:	CM14-0170899		
Date Assigned:	10/23/2014	Date of Injury:	10/30/2008
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 47 year old female with complaints of left ankle, left foot, left knee, right wrist pain. The date of injury is 10/30/08 and the mechanism of injury is twisting injury stepping into a pothole and twisting her left ankle. At the time of request for exercise kit and supervised weight loss program, there is subjective (pain of the left ankle, foot, knee, and right wrist) and objective (antalgic gait/difficulty ambulating, weakness left ankle, hypersensitivity over nerve of left ankle, well healed incision over lateral aspect of left ankle, tenderness to palpation over left ankle joint, pain to squatting and crouching, difficulty with toe walking and toe standing, left quadriceps weakness) findings, imaging findings (8/7/14 x-ray left knee shows joint space narrowing, x-ray left ankle shows large plantar calcaneal spur), diagnoses (Achilles tendonitis/bursitis, ankle and tarsus enthesopathy), and treatment to date (medications, physical therapy, bracing, TENS, surgery). Home exercise kits are an option and self-directed home exercise is recommended. MTUS, ACOEM, and ODG are silent in regards to supervised weight loss programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Web - based version

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 (Acute and Chronic), Home exercise kits

Decision rationale: Per ODG treatment decisions, home exercise kits are an option and self-directed home exercise is recommended. Therefore, the request for exercise kit is medically necessary.

Supervised Weight Loss 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 Other Medical Treatment Guideline or Medical Evidence: Internet search on weight loss programs

Decision rationale: MTUS, ACOEM, and ODG are silent in regards to supervised weight loss programs. After review of online literature and the medical records, there would need to be some documentation of failure of a low calorie/low fat diet. As there is no such documentation of a self-directed diet, the request for a supervised weight loss program is not medically necessary at this time.