

Case Number:	CM14-0173634		
Date Assigned:	10/24/2014	Date of Injury:	06/20/2014
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency 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 injured worker is a 34 year-old male, who sustained an injury on June 20, 2014. The mechanism of injury occurred when his left foot was run over by an electric pallet jack. Diagnostics have included: June 20, 2014 left foot/ankle x-rays reported as showing no fractures. Treatments have included: medications, physical therapy, acupuncture, laceration repair. The current diagnoses are: left ankle sprain/strain, left foot crush injury. The stated purpose of the request for Home Exercise kit for the foot and ankle was not noted. The request for Home Exercise kit for the foot and ankle was denied on October 15, 2014, citing a lack of documentation of the medical necessity for specific exercise equipment. Per the report dated October 8, 2014, the treating physician noted complaints of left ankle and foot pain. Exam findings included left foot tenderness with mild mid-foot swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise kit for the Foot and Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

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 (Acute & Chronic), Exercise.

Decision rationale: CA MTUS is silent. ODG Ankle & Foot (Acute & Chronic), Exercise, recommends exercise as an integral part of a rehabilitation program. The injured worker has left ankle and foot pain. The treating physician has documented included left foot tenderness with mild mid-foot swelling. The treating physician has not documented the medical necessity for specialized exercise equipment, nor the constituent parts of the exercise kit. The criteria noted above not having been met, therefore the request for Home Exercise kit for the foot and ankle is not medically necessary.