

Case Number:	CM14-0054131		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2013
Decision Date:	10/16/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 injured worker is a 50 year old male whose date of injury is 06/06/13. The injured worker sustained an injury while in a foot pursuit of a parolee. The injured worker underwent ORIF left ankle on 07/15/13 and left ankle arthroscopy with partial synovectomy on 12/09/13. The injured worker has completed at least 18 sessions of physical therapy as of 03/13/14 and is noted to be compliant with a home exercise program. The injured worker was authorized for additional supervised physical therapy on 04/15/14. Diagnoses are chronic pain syndrome, pain in limb, and reflex sympathetic dystrophy of lower limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY/MYOFASCIAL RELEASE (1 HOUR SESSION) QTY: 6.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided. The injured worker's response to

the most recently authorized physical therapy is not documented. Therefore, medical necessity is not established in accordance with CA MTUS guidelines. Based on the clinical information provided, the request for Massage Therapy/Myofascial release x 6 is not medically necessary.

POOL/GYM MEMBERSHIP SUPERVISED ENVOLVING TO SELF DIRECT X MONTHS QTY:6.00: Upheld

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

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, Gym membership

Decision rationale: There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not support gym memberships as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for Pool/Gym Membership supervised involving to self direct x months qty 6 is not medically necessary.

CONSULTATION FOR ORTHOTICS FOR BOTH FEET QTY:1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support orthotic for the unaffected foot. Therefore, medical necessity is not established in accordance with ACOEM Guidelines. Based on the clinical information provided, the request for Consultation for Orthotics for both feet is not medically necessary.