

Case Number:	CM14-0054596		
Date Assigned:	07/11/2014	Date of Injury:	03/31/2009
Decision Date:	09/30/2014	UR Denial Date:	03/25/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 37-year-old male with a reported date on injury on 03/31/2009. The injury reportedly occurred when the injured worker stepped into a hole and sprained his right ankle. His diagnoses were noted to include status post right ankle open lateral arthrotomy, synovectomy and debridement with anterolateral impingement and modified Brostrom procedure with repair of the anterolateral ligament, secondary sequelae of the right ankle instability, early chondromalacia, mild arthritic changes of the tibiotalar joint, and osteochondral defect of the talar dome. His previous treatments were noted to include medications, surgery, and physical therapy. The physical therapy progress note dated 08/08/2013 revealed the injured worker was feeling pretty good after treatment and was able to increase the AlterG incline from 10% to 70% and jogging for 1.5 miles at 50%. The physical therapy progress note dated 05/21/2013 revealed the injured worker's range of motion to the right ankle to be plantar flexion was to 20 degrees, dorsiflexion was to 10 degrees, inversion was to 18 degrees, and eversion was to 5 degrees. The progress note dated 03/13/2014 revealed the injured worker had been making slow and steady progress with physical therapy and had been able to run about 90% on the 0 gravity treadmill and remained about 90% improved. The physical examination revealed the range of motion had been unchanged at 25 degrees of plantar flexion, 16 degrees of dorsiflexion, inversion was to 18 degrees, and eversion was to 5 degrees. The Request for Authorization form dated 03/18/2014 was for physical therapy, 8 sessions, for the right ankle to return to full functional, status and lightweight gun belt, lightweight vest, and lightweight boots to alleviate some of the symptoms that the heavy gear that he is required to wear for work may cause.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Ankle & Foot Procedure Summary (updated 02/20/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Additional Physical Therapy 2 x 4 for right ankle is not medically necessary. The injured worker has completed approximately 32 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided had current measurable functional deficits as well as quantifiable objective functional improvements with regards to previous physical therapy sessions. However, there is a lack of documentation regarding exceptional factors to warrant additional physical therapy and there is a lack of documentation regarding a home exercise program for the injured worker to participate in. Therefore, the request is not medically necessary.

Lightweight gun belt, lightweight vest, lightweight boots: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10, Centers for Medicare and Medicaid Services (CMS).

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, Durable Medical Equipment.

Decision rationale: The request for Lightweight gun belt, lightweight vest, lightweight boots is not medically necessary. The injured worker is requesting lightweight gear to alleviate some of the symptoms that the heavy gear he was required to wear for work may cause. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that result in physical limitations for injured workers may require injured worker education and modifications to the home environment for prevention of injury, but

environmental modifications are not primarily medical in nature. The term DME is defined as equipment which can withstand repeated use, could normally be rented, and used by successive injured workers, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in an injured worker's home. The lightweight gun belt, vest, and boots is not considered durable medical equipment as it does not serve a medical purpose. Therefore, the request is not medically necessary.