

Case Number:	CM14-0069478		
Date Assigned:	07/14/2014	Date of Injury:	08/16/2011
Decision Date:	08/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 65 year old male with a work injury dated 8/16/11. He is diagnosed with shoulder and upper arm pain and tenosynovitis of foot and ankle. There is a request for an ankle exercise kit to increase strength and range of motion. There is a primary treating physician (PR-2) partially legible handwritten document dated 4/9/14 which states that the patient received an exercise kit and it helps. The physical exam revealed tenderness of the right ankle and heel, full range of motion with pain and no swelling. There is documentation that on a 12/18/13 office visit the patient had shoulder improvement but still has pain with activity. The patient has been going to acupuncture and its helping. On exam there was tenderness of the right shoulder to palpation in the acromioclavicular joint and minimal tenderness to palpation of the right ankle. The claimant reports acupuncture has helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle exercise kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter - Durable Medical Equipment.

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 (DME).

Decision rationale: The MTUS does not specifically address exercise equipment. The ODG states that equipment is considered not primarily medical in nature. The documentation submitted does not reveal what the ankle exercise kit contains and why it is medically necessary over a home exercise program without equipment. The recent documentation does not indicate strength or range of motion deficits in the ankle. The request for Ankle Exercise Kit Purchase is not medically necessary.