

Case Number:	CM15-0138161		
Date Assigned:	07/28/2015	Date of Injury:	10/18/2012
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot, ankle, low back, and neck pain reportedly associated with an industrial injury of October 18, 2012. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve requests for orthotics of the bilateral feet and a gym membership. The claims administrator referenced a July 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant reported ongoing complaints of hip, knee, ankle, low back, and neck pain. The applicant reported derivative complaints of depression, anxiety, and psychological stress. The applicant was on meclizine, tramadol, Topamax, Mobic, it was reported. The applicant was using a cane to move about. The applicant was off of work and had not worked since the date of injury, it was reported. The applicant was placed off of work, on total temporary disability. On February 17, 2015, it was acknowledged that the applicant had had surgery for hammertoes at an earlier point over the course of the claim. In a July 28, 2015 office visit, the applicant reported ongoing complaints of neck, low back, and left ankle pain. The applicant's foot and ankle pain complaints were worsened as a result of walking, it was reported. The applicant was off of work and had not worked since the date of injury, the treating provider acknowledged. The applicant was using a cane to move about. The applicant also exhibited an unsteady gait. The applicant exhibited flat let foot with metatarsalgia evident. Pain with weight bearing was reported. Lumbar MRI imaging and custom orthotics were sought while the applicant was placed off of work, on total temporary disability. The attending provider suggested that the applicant's orthotics could ameliorate the applicant's issues with metatarsalgia. The attending provider also stated that the applicant tried and failed multiple over-the-counter orthotics and ankle brace without relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) custom orthotics for bilateral feet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Yes, the request for custom orthotics for the bilateral feet was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 317, rigid orthotics are recommended as options in the treatment of metatarsalgia, i.e., one of the operating diagnoses present here. Here, the applicant had longstanding complaints of left foot pain reportedly attributed to the same. The applicant had apparently tried and failed a variety of other treatments, including time, medications, hammertoe surgeries, over-the-counter ankle braces and orthotics, etc. Moving forward with the custom orthotics at issue was, thus, indicated to ameliorate the applicant's issues with metatarsalgia. Therefore, the request was medically necessary.

Gym membership (3 month): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: Conversely, the request for a gym membership for three months was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which included adhering to and/or maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODGs Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, however, the July 28, 2015 office visit made no mention of the need for specialized equipment. One section of said July 28, 2015 progress note stated that the applicant will "continue home exercise program as educated." It did not appear, thus, that home exercises had proven ineffectual or that the applicant was in need of any particular specialized equipment. Therefore, the request was not medically necessary.