

Case Number:	CM15-0082046		
Date Assigned:	05/04/2015	Date of Injury:	01/03/2012
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 57 year old female, who sustained an industrial injury on January 3, 2012. She reported a right foot injury. The injured worker was diagnosed as having acquired deformities of the toe, mononeuritis not otherwise specified, and mechanical complication of internal orthopedic device, implant, and graft. Diagnostic studies to date have included MRIs, CTs, and x-rays. Treatment to date has included Aircast splints, a CAM boot, orthotics, a functional restoration program (FRP), aquatic therapy, exercise, psychotherapy, heat/ice, a walker for ambulation, and medications including oral pain, topical pain, topical non-steroidal anti-inflammatory, and antidepressant. On February 10, 2015, the injured worker complains of numbness in the lateral aspect of the right foot. She complains of stabbing, throbbing pain when stepping on the heel with the pain spreading to the Achilles and shooting retrograde. She reports her incision burns and feels "strange to touch." Associated symptoms include muscle wasting over the posterior right ankle to the medial malleolus, atrophy of the right calf muscle, cold right foot/leg, and decreased sensation knee to above ankle of the right lateral leg. The physical exam revealed 40-50% decreased range of motion - non-functional, decreased strength of the right ankle - non-functional, and pain rated 6-8/10. There was severe pain with right lower extremity weight bearing, an impaired gait, and the right foot/leg is always cold. There was decreased sensation knee to above ankle of the right lateral leg due to Sural nerve dissection and excision. There was increased hair growth and dysesthesia to touch of the right medial leg. She has an antalgic gait with a right foot drop with walking. The treatment plan includes considering

additional aquatic therapy. The requested treatments are 12 sessions of physical therapy for the right foot, a gym membership with pool for 1 year, and hand controls for driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right foot, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right foot 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are acquired deformities of toe; mechanical complication of internal orthopedic device implants and graft; and mononeuritis not otherwise specified. The documentation shows the injured worker had multiple surgeries of the right foot, physical therapy with an ongoing home exercise program and aquatic therapy. The documentation in the medical record indicates the injured worker received a significant number of physical therapy/aquatic therapy sessions. The specific number of physical therapy sessions is not available in the medical record. There are no other progress notes and no indication as to whether there was objective functional improvement with ongoing physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy/aquatic therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy right foot 12 sessions is not medically necessary.

Gym Membership with pool for one year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership with pool for 1 year is not medically necessary. Gym memberships are not recommended as a medical

prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are acquired deformities of toe; mechanical complication of internal orthopedic device implants and graft; and mononeuritis not otherwise specified. The documentation shows the injured worker had multiple surgeries of the right foot, physical therapy with an ongoing home exercise program and aquatic therapy. The documentation in the medical record indicates the injured worker received a significant number of physical therapy sessions. The specific number of physical therapy sessions is not available in the medical record. There are no other progress notes and no indication as to whether there was objective functional improvement with ongoing physical therapy. The treating provider requested a wheelchair that was denied. A gym membership with pool is an unsupervised exercise program. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. There is no clinical indication or rationale for a gym membership. The injured worker should be well-versed in exercises performed and learned during aquatic therapy and/or physical therapy to engage in a home exercise program. Consequently, absent guideline recommendations for gym memberships and swimming pools, gym membership with pool for 1 year is not medically necessary.

Hand Controls for driving: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee.

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 section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, hand controls for driving are not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which can withstand repeated use, is primarily and customarily served medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are acquired deformities of toe; mechanical complication of internal orthopedic device implants and graft; and mononeuritis not otherwise specified. The documentation shows the injured worker had multiple surgeries of the right foot, physical therapy with an ongoing home exercise program and aquatic therapy. Driving an automobile is not a medically necessary service. The definition for durable medical equipment is not met based on whether an automobile customarily serves a medical purpose. It does not. An automobile is generally useful to a person in the absence of illness or injury. Consequently, absent guideline recommendations for durable medical equipment (DME), hand controls for driving are not medically necessary.