

Case Number:	CM14-0126402		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2012
Decision Date:	10/27/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 Management and is licensed to practice in Tennessee. 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 59-year-old female who has submitted a claim for ankle sprain associated with an industrial injury date of January 10, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of left ankle pain. Examination revealed that the patient ambulates with an ankle brace and there was tenderness of the ankle joint. An MRI of the left ankle dated 9/30/2013 revealed postsurgical changes of the navicular secondary to posterior tibial tendon repair with no other significant findings. An MRI of the left foot dated 1/28/2014 concluded that there were minor degenerative changes at the metatarsal proximal phalangeal joint of the great toe, degenerative changes of the sesamoids under the head of the first metatarsal and evidence of prior surgical intervention of the tarsal navicular. Treatment to date has included surgery and medications. Utilization review from July 21, 2014 denied the request for Ankle CPM Kit, 3 in 1 Commode (purchase) and Ankle CPM Unit (30 day rental). The request for continuous passive motion unit for the ankle was denied because the clinical documentation does not indicate that the patient is at high risk for inability to participate in a postoperative physical rehabilitation and would be immobilized. The request for a 3-in-1 commode was denied because the clinical documentation does not provide evidence that the patient will not be able to adequately ambulate to the restroom and would require such as a device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle CPM Kit: 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) Treatment Index 11th Edition (web), 2013 Knee and Leg Chapter; criteria for the use of continuous passive motion devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Passive Motion (CPM)

Decision rationale: CA MTUS does not specifically address continuous passive motion (CPM). The ODG Ankle sprain chapter does not also cover this topic. An extensive literature search yielded no relevant guidelines. However, the ODG knee and leg chapter contains a section on continuous passive movement ODG states that beneficial effects of CPM over regular physical therapy (PT) may be small. The criteria for home use of CPM up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; This may include patients with physical, mental, or behavioral inability to participate in active physical therapy. In this case, there was no documentation indicating that the patient has physical, mental or behavioral inability to participate in active physical therapy. It is not clear why regular physical therapy may not suffice. The medical records provided do not give the rationale nor provide adequate information including a more detailed history and physical examination to deduce the possible reason. Therefore, the request for ankle CPM kit is not medically necessary.

3 in 1 Commode (purchase): 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) Treatment Index 11th Edition (web), 2013 Knee and Leg Chapter; Durable Medical Equipment (DME) regarding toilet items (commode, bed pans, etc.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: CA MTUS does not specifically address a commode. The ODG Ankle sprain chapter does not also cover this topic. However, the ODG knee and leg chapter contains a section on durable medical equipment. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, 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 a patient's home. DME includes bathroom and toilet supplies, assistive devices, transcutaneous electrical nerve stimulation (TENS) unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, there is no documented rationale for a commode. It is unclear if patient has functional restrictions to require such equipment. The provided progress notes contain illegible notes and lack details. Hence, the current clinical and

functional status is unknown. The medical necessity cannot be established due to insufficient information. Therefore, the request for 3-in-1 commode is not medically necessary.

Ankle CPM Unit (30 day rental): 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) Treatment Index 11th Edition (web), 2013 Knee and Leg Chapter; criteria for the use of continuous passive motion devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Passive Motion (CPM)

Decision rationale: CA MTUS does not specifically address continuous passive motion (CPM). The ODG Ankle sprain chapter does not also cover this topic. An extensive search for relevant guidelines yielded nothing. However, the ODG knee and leg chapter contains a section on continuous passive movement ODG states that beneficial effects of CPM over regular PT may be small. The criteria for home use of CPM up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with physical, mental, or behavioral inability to participate in active physical therapy. In this case, there was no documentation indicating that the patient has physical, mental or behavioral inability to participate in active physical therapy. It is not clear why regular physical therapy may not suffice. The medical records provided do not give the rationale nor provide adequate information including a more detailed history and physical examination to deduce the possible reason. Therefore, the request for ankle CPM kit is not medically necessary.