

Case Number:	CM14-0146003		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2011
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Interventional Spine and is licensed to practice in California. 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 45 year old female with an injury date of 09/12/11. The 08/13/14 report by ■■■■■ states that the patient presents for an examination for the right ankle post-operative (07/29/14). The patient is noted to be doing well and her pain is under control. The patient is currently unable to work. Examination reveals a dry clean incision with moderate swelling and limited range of motion secondary to pain. The patient's diagnoses include sprain of ankle, unspecified site right; other joint derangement, not elsewhere classified, ankle and foot right; right peroneus brevis longitudinal tear; right ankle mild instability; and right ankle impingement. The utilization review being challenged is dated 08/20/14. The rationale is that MTUS notes there is no evidence to support any specific exercise regimen. ■■■■■ states DME is not necessary if intended for athletic, exercise or recreation as opposed to assisting ADL's. Treatment reports from 03/03/14 to 08/13/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Exercise roll purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) section, and Ankle & Foot (Acute & Chronic), Home exercise kits

Decision rationale: The patient presents for post-operative (07/29/14) examination of the right ankle with controlled pain and moderate swelling. The provider requests for 1 exercise roll purchase. On 08/13/14 the provider notes that the patient will be non-weight bearing for an additional 4 weeks will be in the Cam Walker boot and do range of motion exercises with specific instructions provided by the physical therapist. Official Disability Guidelines Ankle & Foot (Acute & Chronic) chapter state that patients can be advised to early passive range-of-motion exercises at home by a physical therapist. The 08/13/14 physical therapy notes state that exercise was conducted with verbal and written home instructions and an exercise roll was provided. In this case, an exercise roll may be quite helpful so the patient can perform exercises at home. Official Disability Guidelines support some exercise kits under knee and shoulder chapters. Therefore, this request is medically necessary.

1 Thera-band purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) section, and Ankle & Foot (Acute & Chronic), Home exercise kits

Decision rationale: The patient presents for post-operative (07/29/14) examination of the right ankle with controlled pain and moderate swelling. The provider requests for 1 Thera-band purchase. Official Disability Guidelines Ankle & Foot (Acute & Chronic) chapter state that patients can be advised to early passive range-of-motion exercises at home by a physical therapist. Thera-band may be quite helpful aiding the patient with home exercises. Official Disability Guidelines provide some support for exercise kits particularly for knee and shoulders. Thera-band appears reasonable to use at home for ankle exercises as well. Therefore, this request is medically necessary.