

Case Number:	CM15-0017334		
Date Assigned:	02/05/2015	Date of Injury:	07/16/2013
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury on 7/16/13. He subsequently reports continued left lower extremity pain. Diagnoses include Achilles bursitis or tendinitis, contracture of tendon and sprain and strain of left ankle. Prior treatments include physical therapy and surgery. Medications include Voltaren gel and Norco. The UR decision dated 1/9/15 non-certified Retro Exercise Roll E1399. The Retro Exercise Roll E1399 was denied based on ODG Ankle and Foot guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Exercise Roll: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (updated 12/22/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Ankle and Foot (Acute & Chronic)' and topic 'Exercise' chapter 'Knee and Leg (Acute & Chronic)' and topic 'Durable Medical Equipment'

Decision rationale: The 46 year old patient complains of pain in the left ankle, as per progress report dated 12/22/14. The request is for an EXERCISE ROLL. There is no RFA for this case, and the patient's date of injury is 07/16/13. Diagnoses, as per progress report, dated 12/22/14, included left Achilles bursitis or tendinitis, contracture of left tendon, other sprains and strains of the left ankle, and left Achilles contracture. The patient is status post Achilles partial tear bridge repair and status post gastrocnemius slide procedure. The patient is also suffering from neck pain, back pain and headaches, as per progress report dated 10/22/14. In progress report dated 07/11/14, the patient rates his pain at 9/10. The patient is unable to work at this time, as per progress report dated 12/22/14. ODG guidelines, chapter 'Ankle and Foot (Acute & Chronic)' and topic 'Exercise', states that exercise is Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. ODG guidelines, chapter 'Knee and Leg (Acute & Chronic)' and topic 'Durable Medical Equipment', states that The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; &(4) Is appropriate for use in a patient's home. In this case, the patient is status post Achilles partial tear bridge repair and status post gastrocnemius slide procedure, as per progress report dated 12/22/14. The treater states that the patient is using CAM Walker boot but needs to come out of the boot regularly and do gentle ankle range motion exercises. While the benefits of exercise cannot be denied, it is not clear if the patient has been trained to use the exercise roll effectively. None of the progress reports discuss the need of the exercise roll. Hence, the request IS NOT medically necessary.