

Case Number:	CM15-0179323		
Date Assigned:	09/21/2015	Date of Injury:	09/11/2008
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: Pennsylvania, Ohio, 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 64 year old man sustained an industrial injury on 9-11-2008. The mechanism of injury is not detailed. Diagnoses include status post subtalar fusion, Achilles tendon release, hindfoot fusion, weakness in inversion-eversion, and neurological sequela. Treatment has included oral medications and surgical intervention. Physician notes dated 7-2-2015 show complaints of foot pain. The physical examination shows dorsiflexion 0 degrees left and 10 degrees right, plantar flexion 20 degrees left and 30 degrees right, inversion -5 degrees left and 15 degrees right, eversion is 10 degrees bilaterally, 3- out of 5 with weakness of the peroneal tendons, there is no motion at the subtalar joint, left toes are straight and right toes have hammering of toes 2,3, and 4, circumference of the calf is 36.0 cm left and 42.5 cm right, ankle circumference is 26.8 cm left and 27.0 cm right, he has a wide based antalgic gait and a weak left leg with an alpine pole, bilateral varus of the hindfoot bilaterally, full range of motion of the knee, and 5 out of 5 strength. Recommendations include electromyogram and nerve conduction studies, bilateral x-rays of the feet, stationary bike at home, and follow up after the studies are completed. Utilization Review denied a request for electrodiagnostic studies, and an exercise bike citing there is documentation that the last electrodiagnostic studies were normal and no further documented concerns of worsening or new symptoms. The guidelines do not recommend the use of specialized home exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent Stationary Bike: 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 and Leg Chapter, Exercise Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: MTUS states that there is insufficient evidence to support a recommendation for any particular exercise regimen over another. In this case the records and guidelines do not provide a rationale for specialized exercise equipment in the form of a recumbent stationary bicycle. This request is not medically necessary.

Unknown EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent. This request is not medically necessary.