

Case Number:	CM15-0046513		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2013
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 53-year-old male, who sustained an industrial injury on June 24, 2013. He reported left ankle pain. The injured worker was diagnosed as having other joint derangement, not elsewhere classified, ankle and foot, chronic lumbosacral musculoligamentous sprain/strain superimposing degenerative disease and intervertebral disc disorder, right hip osteoarthritis and status post right knee open patellar tendon reconstruction two times. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, home exercises, physical therapy, a foot brace, medications and work restrictions. Currently, the injured worker complains of left ankle pain and stiffness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He reported twisting his ankle on a rock and falling a few feet down a hill. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 12, 2014, revealed continued pain and stiffness. The plan was to continue medications and physical therapy. Evaluation on December 1, 2014, revealed continued pain. Medications were renewed and orthotics was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home exercise kit and evaluation times one for the left knee 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 instability left ankle; sprain/strain left ankle; ankle fracture by history; and painful gait. The request for authorization, dated January 21, 2015, requests a home exercise kit and a physical therapy evaluation times one for the left knee. The treating provider is a podiatrist and has treated the injured worker for ankle and foot related complaints. A December 1, 2014 progress note shows the injured worker received 18 physical therapy sessions that helped. The physical therapy sessions were addressed to the ankle. A conflicting progress note, dated December 10, 2014, indicated the 18 physical therapist sessions did not help. The request for authorization is for a home exercise kit and a PT evaluation time's one left knee. There is no documentation in the medical record indicating the left knee was at issue. Additionally, podiatric limitations are to the ankle and foot. There is a prescription in the medical record by the treating podiatrist for the home exercise kit and physical therapy evaluation times one left knee. This prescription is outside the scope of a treating podiatrist. Additionally, physical therapy (18 sessions) to date involved only the left ankle. There is no clinical indication or rationale for the home exercise program and physical therapy evaluation time's one for left knee. Consequently, absent clinical documentation with a clinical indication and rationale for a physical therapy evaluation to the left knee with a home exercise kit, home exercise kit and evaluation time's one for the left knee is not medically necessary.