

Case Number:	CM13-0020174		
Date Assigned:	11/08/2013	Date of Injury:	08/19/2011
Decision Date:	02/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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:

Unfortunately, I do not have any of the progress reports by the treating physician. I only have utilization review letter dated 8/27/13. The reports state that the patient has a history of left knee surgery x2 with on-going pain. Patient has had left foot and ankle pain for about 2months following surgery. There was no injury to the foot/ankle. Exam showed palpable tightness of the heel cord with dorsiflexion. Dynasplinting of the ankle/foot is apparently requested given ROM of only 0-30 degrees of the ankle. This request was denied based on the fact that the patient has not had any injury, no clear concerted effort to address ankle issues with therapy provided for the knee only. Reviewer recommended trying therapy at the ankle first.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Dynasplint for the left ankle: 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), Pain Chapter, Static progressive stretch (SPS) therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Static progressive stretch (SPS) therapy

Decision rationale: Without any of the treater's reports available, I am unable to determine whether or not the patient's ankle ROM is worsening or improving, whether or not therapy has been tried for the ankle problem and why the patient is having ankle range of motion difficulties with stiffness. I agree with utilization reviewer that home exercises and therapy should be tried first before going to dynamic splinting, which typically does not work very well with ankles. ODG guidelines recommends trying therapy and home exercises first.