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| Case Number: | CM13-0022440 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 11/10/2012 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/10/2013 |

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 & 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 46-year-old male who was injured on 11/10/12. He was diagnosed with lumbago and left foot pain status post crushing injury. According to the 8/7/13 chiropractic report from [REDACTED], the patient has no subjective complaints or objective findings, but the chiropractor is requesting a Kronos lumbar pneumatic brace, and an ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE BRACE FOR PURCHASE: 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 and Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle Chapter

Decision rationale: The patient apparently has low back and left foot pain. The 8/7/13 chiropractic report from [REDACTED] does not provide insight into the patient's presentation, without subjective complaints or objective findings. ODG guidelines states an ankle break or

orthosis may be used for foot drop or after surgical recovery. According to the 4/8/13 orthopedic report from [REDACTED], the patient injured his left foot when he dropped a 35-lbs object on it. [REDACTED] noted signs of CRPS. According to [REDACTED] 11/21/13 report, the patient has low back and left ankle pain and appears depressed and is seeing a psychologist from [REDACTED]. There is no mention of foot drop or any of the ODG indications for an ankle brace. The request is not in accordance with ODG guidelines.

KRONOS LUMBAR SPINE BRACE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

Decision rationale: The patient apparently has low back and left foot pain from an 11/10/12 injury where he dropped a 35-lbs item on his left foot that caused him to fall down. There is a request for a Kronos pneumatic lumbar support from 8/7/13. MTUS/ACOEM guidelines state: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" but do recommend the supports as an option for prevention at work. The 8/6/13 orthopedic report from [REDACTED] states the patient is off work for 4-weeks from 8/6/13. The patient is not in the acute stage and has not returned to work. The lumbar support is not in accordance with MTUS/ACOEM guidelines.