

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0031775 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 12/13/2012 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 and Rehabilitation, 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:

The patient is a 68-year-old female who reported a work related injury on 12/13/2012 as a result of a fall. Subsequently, the patient was diagnosed with fracture of the distal fibula to the left. At the time of the initial injury, the patient was unable to maintain a weightbearing status due to significant pain. The patient was utilizing physical therapy and transitioned to a cam walker boot. However, the patient had continued pain complaints. MRI of the patient's left foot revealed a fracture gap of approximately 3 mm. The clinical notes document the patient's physical exam findings included ambulation with a figure 8 ankle brace for stabilization, a posterior drawer sign of the left ankle, and sign instability. Range of motion was at 40 degrees in dorsiflexion, 50 degrees in plantar flexion, and 25 degrees in inversion, 15 degrees in eversion. The patient subsequently underwent left lateral ankle stabilization as of 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of crutches purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 14, Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatments for Workers' Compensation, Online Edition, Chapter: Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported the patient required assistance with ambulation following surgical interventions to the left ankle. However, the clinical notes documented the patient was previously utilizing a walker to assist with ambulation related to this injury. Therefore, additional use of crutches would not be indicated. Official Disability Guidelines recommend renting durable medical equipment when medically necessary. However, as the patient had both a wheelchair and a walker available for assistance with ambulation, the request for The Prospective request for 1 Pair of crutches purchase between 09/09/2013 and 10/24/2013 is not medically necessary nor appropriate.

1 Transcutaneous Electrical Nerve Stimulator Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 14, Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatments for Workers' Compensation, Online Edition, Chapter: Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacked evidence of the patient utilizing a trial of this modality prior to purchase. There was a lack of documentation evidencing duration of a trial, frequency, and efficacy of this intervention. As California MTUS indicates a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Given all the above, the request for The Prospective request for 1 Transcutaneous Electrical Nerve Stimulator Unit Purchase between 09/09/2013 and 10/24/2013 is not medically necessary nor appropriate.

1 Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 14, Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatments for Workers' Compensation, Online Edition, Chapter: Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians As Assistants 2012

Decision rationale: The current request is not supported. As the surgical interventions that were performed in 11/2013 were not indicated as per Official Disability Guidelines; therefore, the

request for The Prospective request for 1 Assistant Surgeon between 09/09/2013 and 10/24/2013 is not medically necessary nor appropriate.

1 Left ankle stabilization surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 14, Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatments for Workers' Compensation, Online Edition, Chapter: Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review did evidence the patient continued to present with left ankle pain complaints status post a work related fall with injury sustained in 12/2012. The provider documents the patient utilized lower levels of conservative treatment to include therapy, home exercise, acupuncture, chiropractic care, physical therapy, and casting. However, as per Official Disability Guidelines, the clinical notes failed to document the patient presented with positive stress x-rays documenting at least a 15 degree lateral opening at the ankle joint or demonstrable subtalar movement and negative to minimal arthritic joint changes per imaging studies. Given the above, the request for The Prospective request for 1 Left ankle stabilization surgery between 09/09/2013 and 10/24/2013 is not medically necessary nor appropriate.