

Case Number:	CM13-0057088		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2013
Decision Date:	04/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 45 year-old with a date of injury of 02/19/13. A progress report associated with the request for services, dated 08/13/13, identified subjective complaints of neck, back, bilateral shoulders, left knee, and left ankle pain. Objective findings included tenderness of the cervical spine and pain with range-of-motion. There was normal motor function of the upper extremity. There was tenderness of the lumbar spine and increased pain with range-of-motion. Examination of the ankle is not described. Diagnoses included lumbar disc syndrome and left ankle sprain/strain. Treatment has included physical therapy, injections into the left shoulder and knee, epidural steroid injections, and oral analgesics. A Utilization Review determination was rendered on 10/29/13 recommending non-certification of "Back Brace; Left ankle support".

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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

Decision rationale: The (MTUS) Chronic Pain Medical Treatment Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical records provided for review indicate that the patient is beyond the acute phase of their illness. The request for a back brace is not medically necessary and appropriate.

LEFT ANKLE SUPPORT: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing

Decision rationale: The MTUS/ACOEM Guidelines states that prolonged bracing without exercise is not recommended. The Official Disability Guidelines (ODG) states that ankle bracing is not recommended in the absence of a clearly unstable joint. The request for left ankle support is not medically necessary and appropriate.