MAXIMUS Federal Services

Case Number:	CM13-0062495		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2012
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic elbow, foot, ankle, and elbow pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representation; transfer of care to and from various providers in various specialties; crutches; a spinal cord stimulator implantation; and extensive periods of time off of work. In a Utilization Review Report of December 3, 2013, the claims administrator partially certified six sessions of physical therapy, approved a neurology request, approved an EMG of lower extremity, approved an MRI of left ankle, denied an elbow brace, approved an ankle brace, and denied a motorized scooter. The claims administrator's report, it is incidentally noted, is very difficult to follow. The claims administrator did cite an ODG Guideline to deny the elbow brace and likewise cited an ODG Guideline to approve an ankle support. The applicant's attorney subsequently appealed. A November 15, 2013 progress note is notable for comments that the applicant has reflex sympathetic dystrophy of the left ankle, has 4/5 strength noted about the same, has swelling noted about the left ankle, and should pursue additional physical therapy to try and ameliorate the same. A September 13, 2013 progress note is again notable for comments that the applicant carries the diagnosis of reflex sympathetic dystrophy of the left ankle. She has pain, instability, and tenderness about the same with 4/5 ankle strength noted and tenderness about the plantar fascia appreciated. An ankle MRI, electrodiagnostic testing, neurology referral, physical therapy, and tennis elbow brace are endorsed while the applicant is placed off of work, on total temporary disability. There is no description or mention made of any symptoms pertaining to or referable to the elbow. An earlier note of February 27, 2013 is notable for comments that the applicant is complaining of left lower extremity pain, ankle pain, low back pain, foot pain, and SI joint pain. There is no mention made

of any issues pertaining to the elbow. An earlier note of March 6, 2013 is again notable for comments that the applicant's issues all pertain to the left ankle and left lower extremity, as is an earlier note of February 13, 2013. The applicant's gait is not clearly described on any recent office visit, although an April 19, 2013 note does state that the applicant is "ambulatory with steady gait." The applicant is described as not requiring the usage of any assistive device as of that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TENNIS ELBOW BRACE: 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), Bracing/Immobilization for ankle foot injuries.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2007, Elbow Complaints Chapter, Table 5, page 46.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 10, Table 5, page 46 does state that epicondylalgia supports are "recommended" in the treatment of lateral epicondylitis, in this case, however, as noted by the claims administrator, the attending provider's documentations pertain solely to the effected left lower extremity, left ankle, left foot, and lumbar spine. There is no mention made of any issues pertaining to the right elbow. There is no mention of any complaints of elbow pain and/or the applicant carrying a diagnosis of lateral epicondylitis for which an elbow brace would be indicated. Therefore, the request is not certified, on Independent Medical Review.

Motorized Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as electric scooters are "not recommended" if the applicant's functional mobility deficits can be sufficiently resolved by use of a cane, walker, or manual wheelchair. In this case, however, the applicant is not described as having any functional mobility deficits. The applicant's gait was described as normal as of an office visit of April 2013, referenced above. The office visit in question did not describe any issues with gait derangement which would require usage of any gait assistive device, let alone a motorized scooter. Therefore, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.