

Case Number:	CM13-0072042		
Date Assigned:	05/07/2014	Date of Injury:	09/29/2013
Decision Date:	07/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 34-year-old female who has submitted a claim for lumbar strain/sprain, right knee strain/sprain, right ankle strain/sprain, right wrist strain/sprain and anxiety associated with an industrial injury date of September 29, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated February 6, 2014 revealed that the patient complain of low back pain graded 8/10 and occurs 80% of the day, right wrist pain graded 7/10 and occurs 60% of the day, right knee pain graded 7/10 and occurs 60% of the day, and right ankle pain graded 7/10 and occurs 60% of the day. The pain is aggravated by physical activities and alleviated by prescribed medications. The patient complains of numbness, tingling and weakness in the arms and hands. She also complains of depression and anxiety. On physical examination, there is limitation in range of motion of the lumbar spine with flexion to approximately 15 degrees, extension to approximately 15 degrees, right flexion to approximately 10 degrees, left flexion to approximately 10 degrees, right rotation to approximately 15 degrees, and left rotation to approximately 15 degrees. Range of motion is limited due to pain in all planes. There are positive Tinel's and Phalen's tests in the right wrist. On examination of the right knee, there is tenderness over the medial and lateral epicondylar regions. Range of motion of the right knee was limited with flexion to approximately 90 degrees. On examination of the right ankle, there is tenderness over the medial and lateral aspects of the ankle. There is limitation in range of motion with dorsiflexion to approximately 30 degrees, plantar flexion to 20 approximately degrees, inversion to approximately 20 degrees, eversion to approximately 10 degrees. The treatment to date has included inferential unit, cold therapy, acupuncture, chiropractic therapy, and medications which include naproxen, tramadol and compounded topical creams. Utilization review from December 24, 2013 denied the request for ASSY STRAP because there is no evidence that the patient has tried strapping in PT with objective functional gains to substantiate

purchase of Assy strap. The nature and outcome of prior supervised therapy is not elaborated in the record review to substantiate the need to purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSY STRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Durable medical equipment.

Decision rationale: The California MTUS does not specifically address the topic on assy strap. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section, was used instead. ODG states that durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition of DME. DME should withstand repeated use. It should primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. The equipment should be appropriate for use in a patient's home. In this case, an assy strap was requested; however, the medical application is unknown due to lack of documentation. In the most recent clinical evaluation, a home exercise kit was recommended. The request was non-specific and made no mention of the use of an assy strap. The medical necessity for an assy strap was not established. Therefore, the request for an assy strap is not medically necessary.