MAXIMUS Federal Services

Case Number:	CM14-0113435		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2011
Decision Date:	11/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 an injured worker with a history of ankle fracture. Date of injury was 03-08-2011. The progress report dated 5/8/14 documented injuries to the neck, shoulders, thoracic spine, right ankle, left knee, left elbow, cubital tunnel syndrome, and right tarsal tunnel syndrome. Regarding the mechanism of injury, the patient was injured while working as an iron worker. His injury was the consequence of a fall. He had bilateral shoulder dislocation and open right bimalleolar fracture. The patient had surgical reduction of the fracture and open reduction and internal fixation. Current symptoms and subjective complaints were documented. He says the left elbow has improved. The range of motion is back to normal without pain now. The left ulnar paresthesia remains the same. The patient says he has persisting pain in the medial aspect of the right ankle. He still has pain in the left shoulder with moderate or more pain at end motion, upper back, right ankle, right knee, and left arm hand paresthesia. The paresthesia is the same despite medial elbow surgery but no Phalen's sign if he keeps elbow bent now. The left medial elbow surgery site has calmed down to no pain now. Left elbow surgery was performed on 6/7/13. The right foot from medial ankle to right hallux and second toe has moderate numbness and tingling that flares when he accidentally bumps the medial ankle at the tarsal tunnel area. He has awakened at times with mild right scalp tingling and numbness that resolve after his arises from bed. He has mild to moderate posterior headaches occasionally. He has improved depression symptoms and has no plan for suicide or homicide. He is being treated for the depression. He was prescribed the Zoloft and Effexor. Medications include Oxycodone-Acetaminophen. He has decreased the amount he takes but when his right ankle foot pain flared. Physical examination was documented. Left shoulder exhibits decreased range of motion, tenderness and crepitus. Left elbow had tenderness to palpation of the medial distal triceps. Right knee exhibits normal range of motion, no swelling, no effusion, no ecchymosis and no deformity. Patellar compression

causes pain. Right foot exhibits tenderness to palpation. He exhibits no swelling, normal capillary refill and no laceration. Compression test is positive in the right knee. Subpatellar crepitus is present and it is painful. There is mild tenderness to palpation of the thoracic back. He is alert. He displays abnormal stance. Gait is abnormal. Skin is intact. Mood and affect were normal. Electrophysiologic tests were abnormal showing early mild left median and ulnar neuropathy at the wrist with the prolongation of the median and ulnar nerve distal motor latencies. Electrophysiologic tests demonstrated a moderate left ulnar neuropathy across the left elbow. There was no cervical radiculopathy or brachial plexopathy found. The median and radial nerves were normal. Magnetic resonance imaging left knee 5/2/13 demonstrated a negative examination. No chondromalacia patella or other knee pathology was reported. Diagnoses included ankle joint pain. Treatment plan included Ibuprofen and Percocet. Utilization review determination date was 7/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pair of electric socks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Ankle & foot (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Aug 19. Guideline.gov Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment DME

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints states that passive physical therapy modalities are not recommended. Work Loss Data Institute guidelines for the Ankle & Foot (acute & chronic) states that heat therapy is not recommended. Official Disability Guidelines (ODG) state that durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. The patient has a history of ankle fracture with a date of injury of 3/8/11 status post open reduction and internal fixation. MTUS and ACOEM that do not support passive physical therapy modalities. Work Loss Data Institute guidelines states that heat therapy is not recommended. Electric socks are not primarily and customarily used to serve a medical purpose, and generally is useful to a person in the absence of injury. Therefore, electric socks do not meet the ODG definition of durable medical equipment (DME). ODG guidelines do not support the medical necessity of electric socks. Therefore, the request for a pair of Electric Socks is not medically necessary.