

Case Number:	CM14-0080295		
Date Assigned:	07/18/2014	Date of Injury:	12/11/2013
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/31/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 31 year old male who sustained an injury on 12/11/13 while pulling pallets. The injured worker reported his left ankle popped with no pain; however, the injured worker had severe pain the next morning in the left ankle. To date the injured worker has had continuing complaints of pain in the left ankle with physical examination findings as of 04/02/14 noting positive anterior and posterior drawer signs with medial and lateral instability secondary to chronic left ankle sprain. The requested [REDACTED] stimulator with garment and a 3 month purchase of supplies as well as a [REDACTED] infrared heating pad purchase and ankle brace purchase were all denied by utilization review on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] stimulator with garments plus 3 month supply purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrostimulation Page(s): 113-117.

Decision rationale: In regards to the request for [REDACTED] stimulator with garments plus 3 month supply purchase for the left ankle, this reviewer would not have recommended this request as

medically necessary. It is unclear from the clinical records provided for review how this stimulator would be utilized for the left ankle. The injured worker is not currently documented as undergoing formal physical therapy for which this stimulator can be utilized as an adjunct. Furthermore, guidelines do not recommend more than one month trial of a neurostimulator unit to determine efficacy. Therefore, the request is not medically necessary.

■■■■■ infrared heating pad purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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, Hot/Cold Packs

Decision rationale: In regards to the use of a ■■■■■ infrared heating pad purchase, this reviewer would not have recommended this request as medically necessary. A ■■■■■ infrared heating pad would not be established as more effective than standard over the counter commercially available heating pads for the left ankle. Therefore, this request is not medically necessary and appropriate.

Ankle brace purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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, Bracing

Decision rationale: In regards to the request for a left ankle brace, this reviewer would have recommended this request as medically necessary. The injured worker does have clear evidence of instability at the left ankle on the most recent physical examination. Given this documented instability, an ankle brace to stabilize the left ankle during ambulation or exercise would be medically appropriate and standard of care. Therefore, this request is medically necessary and appropriate.