

Case Number:	CM13-0040185		
Date Assigned:	12/20/2013	Date of Injury:	07/19/2011
Decision Date:	02/04/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/19/11 when, while carrying a plastic tray, she fell with injury to her knees and wrists. She underwent a right total knee replacement in March 2012. On 04/17/13 she was having right shoulder pain rated at 8/10. She was also having ankle and foot pain. Physical examination findings included right shoulder tenderness with positive impingement testing. There was normal strength. Authorization for a shoulder MRI was requested. On 05/01/13 she had done well after her right knee surgery. She was considered a candidate for a left total knee replacement. An MRI of the right shoulder on 05/09/13 showed findings of a partial thickness rotator cuff tear with acromioclavicular joint hypertrophy and bursitis. On 06/03/13 she was having ankle pain rated at 3-8/10 with swelling, tenderness, and giving way. Physical examination findings included ambulating with a cane. She had anterior talofibular ligament and fibular tenderness. Imaging results were reviewed. Additional testing was requested. On 07/02/13 she had recent right-sided knee pain with subluxation which had resolved. Physical examination findings included medial collateral ligament tenderness. On 08/28/13 she was having persistent neck, back, and right shoulder pain. There had been three days of 20% improvement after a cortisone injection. She was not having radiating symptoms. Physical examination findings included shoulder full range of motion. Impingement testing was positive. There was sacroiliac joint tenderness. She had positive lumbar facet loading. There were cervical muscle spasms. Authorization for additional testing and for physical therapy was requested. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME: ankle Game Day MD for date of service 8/26/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic): Semi-Rigid Ankle Support

Decision rationale: The claimant is more than 3 years status post work-related injury and is being treated for chronic right ankle pain with complaints of swelling, tenderness, and giving way and physical examination findings of lateral anterior talofibular ligament and fibular tenderness. Guidelines state that a semi-rigid brace can provide beneficial ankle support and may prevent subsequent sprains. In this case, the requested support brace was therefore medically necessary.