

Case Number:	CM14-0028562		
Date Assigned:	03/07/2014	Date of Injury:	05/15/2012
Decision Date:	06/19/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on May 15, 2012. She reported back, wrist, foot, knee and neck pain. The injured worker was diagnosed as having sprain of the neck, back, foot and wrist sprain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, acupuncture, shockwave therapy, injections to the right knee, medications and work restrictions. Currently, the injured worker complains of continued neck, back, foot, wrist and right knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 31, 2013, revealed continued pain as noted. It was noted she was treated conservatively however some of the provided documentation was illegible. Urgent bilateral wrist braces and ankle braces were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT RIGHT ANKLE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 14 ANKLE AND FOOT COMPLAINTS, 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle chapter, Bracing (immobilization).

Decision rationale: The most recent report provided is the PTP progress report dated 12/23/13. This report is handwritten and subjective and objective findings and listed diagnoses are illegible. The 07/09/13 Progress report states the patient presents with constant bilateral wrist and hand pain along with right ankle and foot pain. The current request is for URGENT RIGHT ANKLE BRACE. The RFA included is dated 01/31/14. The patient is cleared to return to modified duty as of 12/31/13; however, it is unclear if the patient is currently working. ACOEM guidelines, Chapter 14 (Ankle and Foot Complaints) 2004, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, under Ankle chapter, Bracing (immobilization) Topic, "not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended." The reports provided for review do not specifically discuss this request. The 01/13/13 report states that that weight bearing and weight reduction was discussed to take weight off her knees and ankle. In this case, no evidence is provided of joint instability or acute ankle sprain for this patient. The request IS NOT medically necessary.

URGENT WRIST BRACE FOR RIGHT AND LEFT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter, Splinting.

Decision rationale: The most recent report provided is the PTP progress report dated 12/23/13. This report is handwritten and subjective and objective findings and listed diagnoses are illegible. The 07/09/13 Progress report states the patient presents with constant bilateral wrist and hand pain along with right ankle and foot pain. The current request is for URGENT WRIST BRACE FOR RIGHT AND LEFT. The RFA included is dated 01/31/14. The patient is cleared to return to modified duty as of 12/31/13; however, it is unclear if the patient is currently working. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." The reports provided for review do not discuss the reason for this request. The 12/23/13 progress notes for the bilateral wrists/hands state re-assessment is for sprain/strain and to rule out CTS with pain rated 5-9/10. In this case, ODG, recommends splinting of the wrists as an option in conservative treatment. The request IS medically necessary.