MAXIMUS Federal Services

Case Number:	CM15-0182636		
Date Assigned:	09/23/2015	Date of Injury:	07/14/2013
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on 7-14-2014. The diagnoses include hand sprain-strain, wrist sprain-strain, carpal tunnel syndrome, median nerve entrapment with partial thenar atrophy, tenosynovitis of the hand, arthritic changes of the hand-finger, enthesopathy of the wrist and ankle sprain. Per the Treating Physician's report dated 7-16-2015, she was currently off duty due to the employer being unable to accommodate restrictions. She had pain at 8/10. She had medial heel pain, medial ankle and hind foot pain and lateral swelling. The physical examination revealed tenderness to palpation of the right wrist first dorsal compartment, range of motion (ROM) of the right wrist limited in radial deviation, and pain in the right wrist with apprehension; the right hand-decreased motion in the MCP joint in extension; the left ankle-swollen diffusely about the entire ankle mortise and malleoli, with the deltoid lateral talofibular ligaments on the left ankle tenderness, and significant pain with weight bearing with the ankle collapsing medially. The medications list includes Naprosyn, Ultram, Medrol, Voltaren, Neurontin, Relafen, Prednisone, Celebrex, Prilosec, and compounded cream. She has had left ankle MRI dated 8/4/2015 which revealed post operative changes with associated tendinopathy/tendinosis and a small ventral calcaneal bone spur; left ankle and left foot MRIs dated 3/12/2015. She has undergone left ankle surgery on 2/18/2014; hand surgeries x 2. She has had physical therapy visits for this injury. The treatment plan was noted to include a prescription for Norco, additional refill of Celebrex, and an ankle-foot sheet barrier. The Physician noted the injured worker was to be started on a trial of full duty. The request for authorization dated 7-16-2015, requested a durable medical equipment barrier to protect foot-

ankle from contact with sheets-blankets. The Utilization Review (UR) dated 9-8-2015, denied the request for durable medical equipment barrier to protect foot/ankle from contact with sheets/blankets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment barrier to protect foot/ankle from contact with sheets/blankets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee-Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Durable medical equipment (DME).

Decision rationale: Per the cited guidelines, "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." Requested Durable Medical Equipment is prescribed to use as barrier to protect foot/ankle from contact with sheets/blankets. The rationale for the medical need of the requested Durable Medical Equipment is not specified in the records provided. The details regarding the requested DME is not specified in the records provided. The response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. Durable Medical Equipment barrier to protect foot/ankle from contact with sheets/blankets is not medically necessary for this patient at this juncture.