

Case Number:	CM14-0127558		
Date Assigned:	08/15/2014	Date of Injury:	12/23/2013
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, 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 a 41 year old male who was injured on 12/23/2013. The mechanism of injury is unknown. Prior treatment history has included 11 completed sessions of acupuncture and 5 documented sessions of physical therapy. Diagnostic studies reviewed include MRI of the left ankle dated 01/23/2014 revealed non-displaced talar neck fracture; cuboid and navicular-non-displaced fracture, suspected to be comminuted; posterior malleolus fracture appears non-displaced; lateral malleolus fracture demonstrates minimal anterior displacement at the anterior talofibular ligament attachment. Progress report dated 07/22/2014 states the patient complained of intermittent left ankle pain rated as 5-7/10 with prolonged activities. He reported applying cream helps with the pain. The right hip and thigh pain has improved. He continues with home exercise program to improve left ankle dorsiflexion. The patient is diagnosed with left ankle lateral medial sprain; right thigh contusion and lumbosacral sprain. The patient has been recommended for a DynaSplint. Prior utilization review dated 08/07/2014 states the request for DME purchase: Dynasplint left ankle dorsiflexion

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase: Dynasplint left ankle dorsiflexion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Static progressive stretch (SPS) therapy Stauffer RN, Chao EY, Brewster RC. Force and motion analysis of the normal, diseased, and prosthetic ankle joint. Clin Orthop Relat Res, 1977;127:189-96.

Decision rationale: CA MTUS guideline is silent regarding the request. A Dynasplint is a dynamic range of motion assist device that is recommended as an adjunct treatment to passive stretching and range of motion activities in physical therapy. The ODG guidelines indicate that this type of splinting may be appropriate for joint contracture or where insufficient range of motion exists to support active rehabilitation. The clinical documentation indicates that the patient's dorsiflexion range of motion is 30 degrees, well within the range of motion required for functional joint range in dorsiflexion (Stauffer et al, Clin Orthop Relat Res, 1977;127:189-96.). Therefore, based on the documentation of 30 degrees and DOG guidelines, the request is deemed to be no medically necessary.