

Case Number:	CM15-0013407		
Date Assigned:	02/02/2015	Date of Injury:	06/14/2013
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 (IW) is a 26 year old male, who sustained an industrial injury on June 14, 2013. He has reported neck pain, bilateral shoulder pain, upper, mid and lower back pain, right elbow pain and pain in the right calf with a pins and needle sensation noted to the right lower extremity and was diagnosed with sprain/strain of the thoracic, lumbar and cervical spine, rotator cuff strain of the bilateral shoulders, lateral epicondylitis of the right elbow, grade III open fracture of the right tibia and fibula, status post external fixation and antibiotic bead placement, status post intramedullary rodding of the right tibia and fibula, fascial contusion and seizure history. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, physical therapy, orthopedic braces, pain medications, conservative treatment modalities and work restrictions. Currently, the IW complains of reported neck pain, bilateral shoulder pain, upper, mid and lower back pain, right elbow pain and pain in the right calf with a pins and needle sensation noted to the right lower extremity. The injured worker reported an industrial injury in 2013 after blacking out and falling off a forklift, being run over by the machine then pinned against the wall by the machine. He reportedly had a severe crush injury to the right lower extremity as well as injuries to the shoulders, back, right upper extremity and neck. He underwent surgical intervention of the right leg and had post-operative physical therapy. On September 16, 2013, the pain was still present. It was reported on December 24, 2014, the pain was exacerbated by cold temperatures. A handicap placard was issued, medications were renewed and the injured worker remained off work until follow up. On January 20, 2015, Utilization Review non-certified a request for patellar-tendon-bearing brace, Delby

splint cast for the right leg and purchase of bilateral support stockings., noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested patellar-tendon-bearing brace, Delby splint cast for the right leg and purchase of bilateral support stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patellar-Tendon-Bearing brace right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg -Acute & Chronic chapter under Knee Brace

Decision rationale: The patient presents with right calf pain rated 9/10 with a sharp, aching, cramping, and stabbing quality. Patient also reports intermittent numbness in the right leg secondary to injury. The only progress report provided is dated 09/16/13 and significantly pre-dates the DME request, which was made on 12/24/14. The patient's date of injury is 06/14/13. Patient is status post grade III open fracture of the right tibia and fibula. Surgical intervention directed at this complaint included external fixation and antibiotic bead placement, intramedullary rodding of the right tibia and fibula. The request is for patellar tendon bearing brace right leg. The RFA for this request was not provided. Physical examination dated 09/16/13 revealed a healed 6x3 inch scar on the anterior calf, otherwise normal examination findings. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS and ODG guidelines do not specifically address the use of Patellar tendon bearing braces, though ODG guidelines, chapter Knee & Leg - Acute & Chronic- chapter under Knee Brace, provides following criteria for the use of knee brace "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture." In regards to the request for a rigid patellar tendon bearing brace for this patient's continuing left lower extremity instability, the treater does not discuss a reason for an additional brace. Progress notes dated 09/16/13 reports that this patient presents for his appointment wearing a brace on the right leg. Though the true nature of this brace is unclear, no rationale is provided as to why this patient would require a different design. Furthermore, the only progress note provided significantly pre-dates the requested treatments, it is difficult to establish a clear picture of this patient's current status to substantiate additional specialized bracing. Therefore, the request IS NOT medically necessary.

Delby splint cast right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg -Acute & Chronic under Knee Brace

Decision rationale: The patient presents with right calf pain rated 9/10 with a sharp, aching, cramping, and stabbing quality. Patient also reports intermittent numbness in the right leg secondary to injury. The only progress report provided is dated 09/16/13 and significantly pre-dates the DME request, which was made on 12/24/14. The patient's date of injury is 06/14/13. Patient is status post grade III open fracture of the right tibia and fibula. Surgical intervention directed at this complaint included external fixation and antibiotic bead placement, intramedullary rodding of the right tibia and fibula. The request is for Delby splint cast right leg. The RFA for this request was not provided. Physical examination dated 09/16/13 revealed a healed 6x3 inch scar on the anterior calf, otherwise normal examination findings. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS and ODG guidelines do not specifically address the use of Delby Splint Casts. However, ODG guidelines, chapter Knee & Leg -Acute & Chronic-under Knee Brace, provides following criteria for the use of knee brace "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture."In regards to the request for a Delby splint cast for this patient's continuing left lower extremity instability, the treater does not discuss a reason for the requested cast. Progress notes dated 09/16/13 reports that this patient presents for his appointment wearing a brace on the right leg. Though the true nature of this brace is unclear, no rationale is provided as to why this patient would require a specialized cast. Furthermore, the only progress note provided significantly pre-dates the requested treatments, it is difficult to establish a clear picture of this patient's current status to substantiate additional specialized bracing. Therefore, the request IS NOT medically necessary.

Bilateral support stockings purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Compression garments

Decision rationale: The patient presents with right calf pain rated 9/10 with a sharp, aching, cramping, and stabbing quality. Patient also reports intermittent numbness in the right leg

secondary to injury. The only progress report provided is dated 09/16/13 and significantly pre-dates the DME request, which was made on 12/24/14. The patient's date of injury is 06/14/13. Patient is status post grade III open fracture of the right tibia and fibula. Surgical intervention directed at this complaint included external fixation and antibiotic bead placement, intramedullary rodding of the right tibia and fibula. The request is for BILATERAL SUPPORT STOCKINGS PURCHASE. The RFA for this request was not provided. Physical examination dated 09/16/13 revealed a healed 6x3 inch scar on the anterior calf, otherwise normal examination findings. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not specified. ODG guidelines, under Compression Garments, Knee and Leg chapter : "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings -30-40 mmHg- are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema."In regards to the request for a purchase of support stockings for this patient's continuing right lower extremity instability, a reason for the requested stockings has not been provided. Progress notes dated 09/16/13 reports that this patient presents for his appointment wearing a brace on the right leg. Though the true nature of this brace is unclear, no rationale is provided as to why this patient would require additional support. The only progress note provided significantly pre-dates the requested treatments, it is difficult to establish a clear picture of this patient's current status to substantiate additional bracing. Furthermore, such stockings are generally indicated for the prevention of DVT or in cases vascular/lymphatic insufficiency. This patient is an otherwise healthy 26 year old male with no documented comorbidities which would require compression garments. Therefore, this request IS NOT medically necessary.