

Case Number:	CM15-0079891		
Date Assigned:	04/30/2015	Date of Injury:	08/25/2014
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 29 year old female, who sustained an industrial injury on August 25, 2014. The injured worker has been treated for head, left ankle, right hand and right hip complaints. The diagnoses have included cervical spine enthesopathy, right wrist-suspect carpal tunnel syndrome, right hip sprain/strain, left ankle sprain/strain and left ankle rule out terminal derangement. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated March 9, 2015 notes that the injured worker complained of pain in the right wrist pain, low back pain radiating to the right lower extremity, right hip pain and left ankle pain. Physical examination of the right wrist, lumbar spine and right hip revealed tenderness and decreased range of motion. Examination of the left ankle revealed slight swelling, tenderness and a decreased range of motion. The injured worker was noted to walk with a limp favoring the left lower extremity. The treating physician's plan of care included a request for a left ankle support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: According to the ACOEM, night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and non-steroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited. Furthermore, if the nature of the injury does not prohibit them, gentle range-of-motion exercises several times a day within limits of pain is better than complete immobilization. In this case the diagnosis do not include plantar fasciitis. The documentation doesn't support that the patient has an injury that requires immobilization either. The use of an ankle support is not supported by the documentation. The request is not medically necessary.