

Case Number:	CM13-0020508		
Date Assigned:	10/11/2013	Date of Injury:	04/24/2012
Decision Date:	02/06/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 50 year old female with a DOI injury on April 24, 2012 where she hurt her left knee and ankle. The patient had surgery on her knee for a medial meniscus tear in November 2012. She has been having physical therapy for the knee as well as tissue massage. The patient had an MRI left ankle in September 2012 that stated there was fluid in the ankle joint including the posterior recess and the anterior lateral gutter that may be associated with impingement. There is a 4 mm cyst identified posteriors to the talus. The left ankle is tender to touch but appears to have ligaments intact on 7/16/2013 according to UR reports. There is no record of that visit available for review. There are physical therapy records, however, that extend through August 2013. The exam showed limited range of motion, no not of joint laxity. The patient has a diagnosis of left knee medial meniscus tear, left ankle sprain, left foot sprain. The treatment for her left ankle includes a boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Moon Boot between 8/23/2013 and 10/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: CA MTUS does not address immobilization of the ankle in chronic issues. It does recommend splinting in very early ankle sprains. This patient has a DOI of 4/2012. ODG discourages immobilization unless there is significant laxity in the joint. There is no record to evaluate the indication given for the boot, however, prior records do not indicate the need for the boot as well. Therefore, it is not medically necessary.