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| <b>Case Number:</b>   | CM13-0020535 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 12/06/2012 |
| <b>Decision Date:</b> | 01/27/2014   | <b>UR Denial Date:</b>       | 08/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/30/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 female who sustained a work-related injury on 12/06/2012. The most recent progress report dated 06/26/2013 documented subjective reports by the patient of a great deal of progress with physical therapy. The treatment plan included prescription of a topical cream. The patient's diagnoses included a calcaneal spur and plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic strapping of ankle and foot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS/ACOEM Guidelines state putting joints at rest in a brace or splint should be for as short a time as possible. The Official Disability Guidelines (ODG) do not support the use of ankle strapping as the efficacy of Kinesio tape in preventing ankle sprains is unlikely as it had no effect on muscle activation of the fibularis longus. Additionally, Kinesio tape had no significant effect on mean or maximum muscle activity as

compared to no tape. The medical records submitted for review did not specify the length of time the patient would be receiving the strapping. The request for orthopedic strapping of the ankle and foot is non-certified.