

Case Number:	CM14-0003159		
Date Assigned:	01/31/2014	Date of Injury:	09/20/2006
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

After review of the enclosed information, it is noted that on 12/6/2013 this patient was evaluated for low back pain, left knee pain, and right ankle pain. The patient states that his pain at times will be a 9/10, but after taking Norco his pain is reduced to a 4/5. Physical therapy is noted to help with his low back pain. He has received Hyalgan injections to his ankle which have also helped a bit. Topical creams are used for his knee. Ankle and knee braces are used for support to facilitate ambulating. The patient admits to having some depression due to these painful situations. Physical exam reveals that this patient is overweight. He has some limitation of motion to the right ankle due to pain and stiffness. Tenderness is noted to the lower back on palpation. Diagnoses include weight gain, insomnia, internal derangement of knee, ankle inflammation status post Hyalgan injections, and discogenic lumbar condition. Treatment recommendations include replacement of ankle brace and knee brace, as they are worn out and non-supportive, request for hyaluronate injections, and a referral to podiatry for possible orthotics that may help with walking and standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PODIATRY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, the referral to podiatry is not medically necessary or pertinent at this time. It is clearly stated in the progress note dated 12-6-2013 that the physician would like a referral to podiatry for possible orthotics that may help with walking and standing. MTUS guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. This patient does not have either of these diagnoses; therefore, a referral to a podiatrist for orthotics is not reasonable or medically necessary.

REPLACEMENT ANKLE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376.

Decision rationale: After careful review of the enclosed information and the MTUS and ODG guidelines pertinent in this case, a replacement ankle brace is not reasonable or medically necessary at this time. According to the enclosed notes, the diagnosis attached to this patient's ankle is inflammation status post Hyalgan injection. There is no physical exam demonstrating instability of ankle joint or arthritic condition. Chapter 14 of the MTUS guidelines state that taping or bracing of a painful area may be used for prevention. Prolonged supports or bracing without exercise is not recommended however. This patient does not appear to have a diagnosis connected to his ankle pain that would allow for prolonged bracing. Page 370 of the above-mentioned guidelines states that splint or immobilization therapy may be used in severe cases of ankle sprain. This patient does not have a diagnosis of ankle sprain. Finally ODG guidelines state that bracing/ immobilization is not recommended in the absence of a clearly unstable joint. There is no documentation that this patient has an unstable ankle joint. Therefore, the request is not medically necessary.