MAXIMUS Federal Services

Case Number:	CM14-0006283		
Date Assigned:	03/03/2014	Date of Injury:	03/03/2009
Decision Date:	06/13/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 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:

The patient is a 42 year old male who was injured on 03/03/2009 while he was in the parking lot placing clothing in his vehicle. He placed his right foot on the wet curb which caused him to slip resulting in him twisting his right ankle and falling onto his back and left hip. Diagnostic studies reviewed include x-ray of the left foot, 3 views, dated 01/24/2014 reveals no acute fracture, forefoot edema; mild stress response of the second and third metatarsal diaphyses; and minimal spurring near the great toe metatarsal head. PR2 dated 01/10/2014 indicates the patient has complaints of continued pain in the right ankle. He seems to be making progress and he believes the terocin patch is helping. He is still waiting for a referral to [redacted] Objective findings on exam reveal the right medial posterior ankle area is tender. There is positive Tinel's with percussion overlying the posterior tibial neurovascular bundle. The patient still has an antalgic gait pattern. Diagnoses are chronic plantarfasciitis and tarsotunnel syndrome of the right foot; and compensatory hip arthralgia, left hip. The plan is to have the patient continue with Terocin patches and other pain medication. PR2 dated 12/09/2013 reveal the subjective and objective findings are essentially the same as PR2 dated 01/10/2014. The plan is to request an authorization for an ankle brace for the right ankle, repeat MRI scan of the right ankle. The patient will received a new pair of lace-up Oxfort-style shoes and another set of Terocin patches. Prior UR dated 01/06/2014 reports decision for right ankle brace is non-certified as there is no evidence justifying medical neccesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Bracing (immobilization).

Decision rationale: According to the CA MTUS guidelines, bracing (immobilization) is recommended for acute injuries, to avoid exacerbation or for prevention. Immobilization is not recommended for prolonged supports without exercises due to risk of debilitation. According to ODG, bracing (immobilization) is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. The medical records document the patient was diagnosed with chronic planter fasciitis and tarsal tunnel syndrome of the right foot, and compensatory left arthralgia. In the absence of documented recent acute injury or clear instability of right ankle and guidelines, the request is not medically necessary.

TEROCIN PATCHES #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical Analgesics are recommended for neuropathic pain whentrials of antidepressants and anticonvulsants have failed.Lidocaine patches are recommended in cases of neuropathic pain after evidence of trial of first-line therapy, but they are not recommended in non neuropathic pain. Combination formulations of lidocaine are not recommended. The medical records document the patient was diagnosed with chronic planter fasciitis and tarsal tunnel syndrome of the right foot, and compensatory left arthralgia. In the absence of documented neuropathic pain and failure trial of first-line therapy, the request for Terocin Patches is not medically necessary.

MRI RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Magnetic resonance imaging (MRI).

Decision rationale: According to the CA MTUS guidelines, MRI is recommended for soft tissue disorder such as tendinitis, metatarsalgia, fasciitis, and neuroma and may be helpful in diagnosis of osteochondritis dessicans in cases of delayed recovery. According to ODG, repeat ankle MRI is recommended for significant changes in symptoms or signs of suggestive of significant pathology. It is not clear from the medical records that there has been a significant change in symptoms or examination. MRI is said to be ordered to see what is causing the patient's ongoing ankle irritation. No other rationale is provided. The previous MRI report is not provided. The request is not medically necessary.

LACE-UP OXFORD STYLE SHOES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Orthotic Devices, Knee, Shoes.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis.Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods. Stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. The medical records document the patient was diagnosed with chronic planter fasciitis and tarsal tunnel syndrome of the right foot, and compensatory left arthralgia. The patient already has custom orthotics according to medical records. ODG guidelines do not recommend specific shoes for treatment of plantar fasciitis and tarsal tunnel syndrome. Clear rationale for lace-up oxford style shoes is not provided. The request is not medically necessary.