

Case Number:	CM14-0109009		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2012
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and knee pain reportedly associated with an industrial injury of January 24, 2012. The applicant's case and care have apparently been complicated by comorbid diabetes. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; orthotics; ankle corticosteroid injection; extensive periods of time off of work; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 4, 2014, the claims administrator approved four follow-up podiatry visits, denied a request for gait training, and denied a request for Unna boot. Despite the fact that the MTUS addressed several of the topics at hand, the claims administrator nevertheless invoked non-MTUS ODG Guidelines exclusively in its report. In a chiropractic progress note of April 16, 2014, the applicant was placed off of work, on total temporary disability. On June 11, 2014, the applicant was again placed off of work, on total temporary disability. On January 2, 2014, the applicant was asked to pursue eight sessions of physical therapy for ongoing complaints of neck, shoulder, knee, and ankle pain. The applicant was again placed off of work. In a handwritten note dated June 6, 2014, difficult to follow, not entirely legible, the applicant apparently presented with persistent complaints of ankle pain. The applicant did exhibit an antalgic gait requiring usage of a cane. Tenderness was noted about the bilateral ankles with swelling and edema also appreciated about the same. Unna boot was applied. The applicant is asked to pursue further injection therapy. The applicant was using a cane to move about, it was suggested. In an earlier handwritten note dated February 7, 2014, difficult to follow, not entirely legible, the applicant was again described as having complaints of foot, ankle, plantar fascia, and sinus tarsi pain and associated tenderness. The applicant was using a cane to move about. Unna boot was applied.

On April 4, 2014, the applicant was again described as having an antalgic gait requiring usage of a cane. Unna boot was again applied. The applicant was asked to employ orthotics and a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait training: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: It is not clearly stated what this request represents. It was not clearly stated whether this request represents a one-time request for gait training or whether this represents a lengthy course of physical therapy, for instance. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a prescription for physical therapy, which "clearly states treatment goals." In this case, the request is ambiguous, open to a variety of interpretations, and does not clearly state treatment goals. It is further noted that the request may represent a request for gait training to be performed along with application of the proposed Unna boot. Since that request was deemed not medically necessary, however, the derivative or companion request for the gait training is likewise not medically necessary.

Unna boot: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 371, putting joints at rest in a brace or a splint should be for "as short a time as possible." In this case, however, the attending provider has seemingly sought to continue immobilizing the applicant in a boot on several progress notes referenced above, throughout 2014, including on February 7, 2014, April 4, 2014, June 6, 2014, etc. It is not clear why the applicant needs to be immobilized for such a lengthy, protracted amount of time, particularly since the applicant does not appear to carry a diagnosis of foot or ankle fracture which would require strict immobilization via the boot in question. Therefore, the request is not medically necessary.