

Case Number:	CM14-0170627		
Date Assigned:	10/23/2014	Date of Injury:	01/10/2012
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine 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:

The patient has chronic foot pain. MRI from January 2014 shows degenerative changes of the first metatarsophalangeal joint and degenerative changes at the sesamoids and talonavicular. On physical examination the patient has loss of sensation to the left foot. She has well-healed arthroscopic portals at the ankles. Deep tendon reflexes are normal. No sympathetic actual thick changes are identified and no neurologic deficits are identified. Muscle strength testing is normal. The patient has a painful gait. Patient is diagnosed with repair of posterior tibial tendon of the left ankle. Patient had failed surgery left ankle. Patient has a painful gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: 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), Ankle, Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), foot and ankle chapter

Decision rationale: The patient is status post posterior tibial tendon repair with tendon transfer in 2012 and continues to have left ankle pain. There is degenerative changes on MRI. The medical records does not established the need for crutches. Physical exam shows the patient has an antalgic gait. There is no documentation as to why the patient cannot use a simple cane. Medical necessity for crutches has not been established.

Walking boot: 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), Ankle, Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), foot and ankle chapter

Decision rationale: The patient is status post posterior tibial tendon repair with tendon transfer in 2012 and continues to have left ankle pain. There is degenerative changes on MRI. ODG guidelines indicate that immobilization is not recommended in the absence of a clearly unstable joint a severe ankle sprain. Guidelines for use of walking boot are not met.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), foot and ankle chapter

Decision rationale: The patient is status post posterior tibial tendon repair with tendon transfer in 2012 and continues to have left ankle pain. There is degenerative changes on MRI. MTUS guidelines page 118 do not recommend TENS unit as an isolated intervention. The medical records do not include documented the patient has tried and failed all other conservative measures for the treatment of degenerative foot pain. In addition the length of time for TENS unit is not disclose. Established criteria for TENS unit is not met.