

Case Number:	CM14-0182534		
Date Assigned:	11/07/2014	Date of Injury:	03/25/2014
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 41 year old female with an injury date on 03/25/2014. Based on the 09/25/2014 progress report provided by [REDACTED] the diagnoses are S/P ankle sprain with osteochondral defect (March 2014), S/P L septic ankle with I&D and Vancomycin IV and achilles tendinitis -Left. According to this report, the patient complains of tight and painful left ankle. The patient states "she is not able to walk in flat tennis shoes, nor barefoot." Pain is rated as a 5/10. Physical exam reveals a restricted dorsiflexion secondary to pain at the Achilles insertion. Achilles tendon is tight, no palpable gaps, but nodular to palpation. Decreased sensation is noted along the incision. There were no other significant findings noted on this report. The utilization review denied the request on 10/27/2014. [REDACTED] is the requesting provider and he provided treatment reports from 09/25/2014 to 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the 09/25/2014 report by [REDACTED] this patient presents with tight and painful left ankle. MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 09/25/2014 to 10/06/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Recommendation is for denial.

Custom Orthotics: 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) Foot and ankle chapter, Ankle foot orthosis (AFO)

Decision rationale: According to the 09/25/2014 report by [REDACTED] this patient presents with tight and painful left ankle. Regarding foot orthosis, ODG guidelines do supports orthosis for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains. In this case, the patient does present with "S/P ankle sprain with osteochondral defect" the requested orthotic appears reasonable. However the request is for "Custom Orthotics," ODG states "custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciitis, and heel spur syndrome)." This patient does not present with any of these conditions; therefore, recommendation is for denial.