

Case Number:	CM14-0030709		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2012
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation has a subspecialty in Interventional Spines 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 54-year-old female with a date of injury of 06/05/2012. The patients current diagnoses per [REDACTED] are localized osteoarthritis, tendonitis, right peroneus brevis, and hallux valgus. According to progress report 02/13/2014 by [REDACTED], patient presents with increased pain in her ankle and continued complaints of back and knee pain. The patient reports stinging and burning pain radiating upward on the lateral aspect of her right ankle. The patient rates her pain level 6/10. The Examination of the right ankle revealed tenderness on palpation of the lateral aspect. Examination of the right foot revealed burning and stabbing pain, swelling of the plantar aspect, dorsal aspect, and medial aspect. The provider is requesting a cam walker for right ankle for PB tendonitis and neurogenic stim with 64450 injections twice weekly for 4 weeks. Utilization review did not grant the request on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurogenic stim with injections (2x4) 8 injections Qty: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN CHAPTER.

Decision rationale: This patient presents with right ankle, right foot, low back, and knee pain. The provider is requesting neurogenic stim with 64450 injections twice weekly for 4 weeks. Official Disability Guidelines on pain chapter under injections states that pain injections should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. In this case, the provider does not explicitly state where the injection is to be done, which nerve he is injecting. Furthermore, the request is for a series of eight injections and Official Disability Guidelines do not discuss or support series of injection. Typically, one injection is to be tried and depending on the patient's response/outcome, additional injections may be indicated. Therefore, the request is not medically necessary.

Cam walker boot Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding Cam walker/cast/immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG does state, "A cam walker is a brand name for what is basically a removable cast." Under the foot/ankle chapter, ODG has the following regarding Cast (immobilization), "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."

Decision rationale: This patient presents with right foot, right ankle, low back, and knee pain. On 02/13/2014, patient presented with tenderness on palpation of the lateral aspect of the right ankle and burning and stabbing sensation with swelling in the right foot. The provider recommended a cam walker for right ankle for PB tendonitis. The MTUS ACOEM Practice Guidelines and Official Disability Guidelines do not specifically discuss cam walker boots. Official Disability Guidelines does state, a cam walker is a brand name for what is a removable cast. Under the foot/ankle chapter, Official Disability Guidelines has the following regarding Cast (immobilization); it 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. In this case, this patient has tenderness and tendonitis over the right ankle and Official Disability Guidelines does not recommend casting unless there is a clearly unstable joint. Therefore, the request is not medically necessary.