

Case Number:	CM14-0052520		
Date Assigned:	07/07/2014	Date of Injury:	03/02/2007
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 injured worker is a 57 year old female yard service worker who injured her left knee, left ankle and left foot at work on 3/02/2007. She is currently working on modified duty. The injury occurred when she was run over by a SUV () causing a twist of her left ankle and an audible pop. She presently complains of pain (7/10) and stiffness in the left knee and achy pain in the left ankle. The pain is better with rest, medications and physical therapy and worsens with activities of daily living. Examination in March 2014 showed +3 tenderness to palpation of the lateral and medial joint lines and the superior border of the patella of the left knee; +3 tenderness to palpation of the anterior aspect of the left ankle with pain noted on anterior drawer test. She has had EMG/NCV in November or December 2013 but results are not available for review; she had a MRI of her left knee in Jan 2014 which showed a tear of the medial meniscus, mild tendonitis of quadriceps ligament, a possible tear of the posterior cruciate ligament and a strain of the lateral collateral ligament; she had a MRI scan of her left ankle in Jan 2014 which showed mild tendonitis of plantar tendon sheath with small calcaneol heel spur. She has been treated with medications (Mobic, Tramadol ER, Flurbiprofen cream, gabapentin, Xanax, Flexeril, Omeprazole, and Vicodin), physical therapy, chiropractic care, TENS, heat packs, ice, and intra-articular injection (xylocaine 1% and methylprednisolone) of her left ankle. She was referred to and evaluated by an orthopedist in Feb 2014 who diagnosed tear of the medial meniscus of the left knee and to a podiatrist in Mar 2014 who diagnosed patient with left ankle sprain, peroneal tendonitis, plantar fasciitis, left ankle bursitis and left ankle capsulitis. Surgery has been recommended for her meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded functional orthotics #1: Overturned

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): 369-72, 376.

Decision rationale: This patient has a chronic injury to her left foot and ankle that has been diagnosed as plantar fasciitis and a chronic ankle sprain with associated peroneal tendonitis, ankle bursitis and ankle capsulitis. The ACOEM guideline does recommend use of orthotics to treat plantar fasciitis but notes that the literature does not have enough evidence to either support or refute its use in chronic ankle strains. There is no distinction in the guideline for use of custom orthotics verses off-the-shelf orthotics. Clinical experience has shown both are effective. Common sense suggests that an orthotic that is custom made to fit your foot may be more effective in reversing the disease process than a generic device especially in conditions of a chronic nature. If an off-the-shelf orthotic is used and doesn't resolve or only partially resolves the condition the provider is faced with a clinical challenge to decide if the device is at fault or if the therapy is not correct for this particular patient. In this situation it appears to be more appropriate to use a custom made orthotic. As stated, the request is medically necessary.

Unna Boot #1: 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): 369-71, 376.

Decision rationale: The unna boot is a compressive dressing used primarily to treat venous stasis ulcers and other venous insufficiencies of the lower leg/foot. Its use for support of the ankle in ankle sprains is neither supported nor refuted by appropriate double-blinded studies in the literature. When used for supporting the ankle there is no advantage to using an unna boot over other off-the-shelf ankle/foot supports for a sprained ankle. In fact, even though the ACOEM guidelines recommend immobilization of ankle sprains, this is primarily for treatment of acute injuries and should be followed by early mobilization. The literature neither supports nor refutes use of ankle support or compressive dressings for chronic ankle sprains. There is no medical necessity for use of an unna boot for this patient. This request is not medically necessary.