

Case Number:	CM14-0061385		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2011
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old female was reportedly injured on 7/1/2011. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated 2/28/2014, indicates that there are ongoing complaints left foot and ankle pain. The physical examination demonstrated left ankle: severe edema. Motor/sensory function bilateral lower extremities 4/5 with hypersensitivity laterally, superficially and deep perineal. Positive tenderness to palpation left tibia/fibula, left calcaneus, cuboid, anterior talofibular, and calcaneal fibular ligaments. Tenderness left sinus far side as well as left perineal tendon. Pain with palpation of left calf, and Achilles tendon insertion with ankle joint dorsiflexion/plantar flexion. Antalgic gait using a one point crutch. Decreased range of motion. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, acupuncture, lumbar facet blocks and medication. A request was made for custom orthotic for left ankle and foot, Unna boot, strapping (purchase), casting (purchase), and was not certified in the pre-authorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Functional Orthotics Purchase, left ankle and foot: 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)- Treatment & Workman's Compensation (TWC): Ankle and Foot Procedure Summary.

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

Decision rationale: Custom Orthotics/Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. After review of the medical records provided the injured worker does have chronic left ankle/foot pain however there is no diagnosis associated with fasciitis or metatarsalgia. Therefore, this request is deemed not medically necessary.

Unna Boot Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts: Clinical Procedures in Emergency Medicine, 4th ed.; Saunders, An Imprint of Elsevier. Pp 1004-1005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BMJ 1997; 315 doi: <http://dx.doi.org/10.1136/bmj.315.7108.576> (Published 06 September 1997) Cite this as: BMJ 1997; 315:576.

Decision rationale: ACOEM and ODG do not address the use of Unna Boot for treatment of ankle and foot pain. However studies show compression systems improve the healing of venous leg ulcers and should be used routinely in uncomplicated venous ulcers. Insufficient reliable evidence exists to indicate which system is the most effective. More good quality randomized controlled trials in association with economic evaluations are needed, to ascertain the most cost effective system for treating venous leg ulcers. After review the medical documentation provided the injured worker has diagnoses associated with left lower extremity pain, but there was no diagnosis associated with venous stasis or lower leg ulcers. Therefore, this request is deemed not medically necessary.

Strapping Purchase: 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)- Treatment & Workman's Compensation (TWC): Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Strapping. Updated 6/5/2014.

Decision rationale: Strapping Is recommended as a physical therapy treatment modality for knee arthritis. The Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Review of physical therapy for knee arthritis concluded that elastic subtalar strapping improved composite function measures. After review of the medical documentation

provided, there is no diagnoses of knee arthritis in the injured workers medical records. Therefore, this request is deemed not medically necessary.

Casting Purchase: 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)- Treatment & Workman's Compensation (TWC): Ankle and Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic). Casting. Updated 7/29/2014.

Decision rationale: Casting is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating of acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. After review of the medical documentation provided, and date of injury (2011) there is no recent documentation of an acute injury or ankle sprain noted. Therefore, due to the length of injury, and failure of any recent documentation necessitating the need for casting at this juncture, this request is deemed not medically necessary.