

Case Number:	CM14-0082937		
Date Assigned:	07/21/2014	Date of Injury:	11/20/2011
Decision Date:	10/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Podiatric Surgery 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:

This is a case of a 47-year-old male with a date of injury of 11/20/11. The mechanism of injury was a slip and fall. 04/11/14 Progress report stated that the patient came in for low back pain. On physical examination, the patient had decreased sensation on L4 - S1 dermatome with antalgic gait. Clinical impression was lumbar sprain and strain, lumbar radiculitis, lumbar disc protrusion, gait abnormality, peroneal tendinitis and pain. There was no examination noted of the lower extremities specifically the foot and ankle. 04/07/14 Progress reports stated lumbar complaints but no note or examination of the foot and ankle. 02/17/14 Progress report also stated lumbar complaints and also no report of the foot and ankle. Treatment to date was focused on the lumbar area. No treatment was discussed for the foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unna boot strapping- molded functional orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Evaluating the effectiveness of the customized Unna boot when treating patients with venous ulcers. The use of

the customized Unna boot contributes to quicker healing. However, over a period of three months the simple bandage applications were seen to be just as effective as the Unna boot method. <http://www.ncbi.nlm.nih.gov/pubmed/23539002>

Decision rationale: Medical necessity is not established for the requested orthotics. The indication for the use Unna boot strapping is for venous stasis and ulcerations of the lower extremity specifically the foot and ankle. Based on ACOEM guidelines, the use of rigid orthotics for the foot and ankle is indicated for patients with plantar fasciitis and metatarsalgia. The treating provider was not able to document signs and symptoms of plantar fasciitis or metatarsalgia such as heel pain, forefoot tenderness, and pedal edema. Therefore, the request is not medically necessary.