MAXIMUS Federal Services

Case Number:	CM14-0084672		
Date Assigned:	07/21/2014	Date of Injury:	11/08/2010
Decision Date:	10/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old female with a 11/8/10 date of injury. At the time (5/14/14) of the Decision for Bilateral Unna boots, Bilateral bursa/cyst/int joint injections, and Bilateral ultrasound, there is documentation of subjective (bilateral ankle pain) and objective (mild hypersensitivity of lateral sural(L4-S2) and sural (S1 and S2), bilateral ankle edema noted and tenderness over the bilateral sinus tarsi, bilateral peroneals, bilateral ankle joints, and bilateral calves) findings, current diagnoses (ankle sprain secondary to fall, peroneal tendonitis, myalgia, bursitis, capsulitis, edema, and pain), and treatment to date (medications and physical therapy). Regarding Unna's boots, there is no documentation of a condition/diagnosis for which Unna boot is indicated (refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis). Regarding bilateral bursa/cyst/int joint injections, there is no documentation of Morton's neuroma, plantar fasciitis, or heel spur. Regarding ultrasound, there is no documentation of chronic foot pain and burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; or young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral unna boots: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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: http://www.fpnotebook.com/surgery/pharm/unsbt.htm

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Unna boot is indicated (such as: refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis), as criteria necessary to support the medical necessity of Unna boot. Within the medical information available for review, there is documentation of diagnoses of ankle sprain secondary to fall, peroneal tendonitis, myalgia, bursitis, capsulitis, edema, and pain. However, despite documentation of subjective (bilateral ankle pain) and objective (mild hypersensitivity of lateral sural(L4-S2) and sural (S1 and S2, bilateral ankle edema noted and tenderness over the bilateral sinus tarsi, bilateral peroneals, bilateral ankle joints, and bilateral calves) findings, there is no documentation of a condition/diagnosis for which Unna boot is indicated (refractory venous stasis ulcer; ankle sprain with venous insufficiency or atrophy; or localized neurodermatitis). Therefore, based on guidelines and a review of the evidence, the request for Bilateral Unna boots is not medically necessary.

Bilateral bursa/cyst/int joint injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid injection to the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of ankle sprain secondary to fall, peroneal tendonitis, myalgia, bursitis, capsulitis, edema, and pain. In addition, there is documentation of failure of four to six weeks of conservative therapy. However, there is no documentation of Morton's neuroma, plantar fasciitis, or heel spur. Therefore, based on guidelines and a review of the evidence, the request Bilateral bursa/cyst/int joint injections is not medically necessary.

Bilateral ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg (acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, ultrasound, diagnostic

Decision rationale: MTUS reference to ACOEM identifies that routine testing (i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies) are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. ODG identifies chronic foot pain and burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; or young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, as criteria necessary to support the medical necessity of diagnostic ultrasound of the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of ankle sprain secondary to fall, peroneal tendonitis, myalgia, bursitis, capsulitis, edema, and pain. However, there is no documentation of chronic foot pain and burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; or young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Therefore, based on guidelines and a review of the evidence, the request for Bilateral ultrasound is not medically necessary.