

Case Number:	CM14-0089857		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2011
Decision Date:	10/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in California, Tennessee, and Florida. 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 52 year old female who reported an injury to her lower extremities. The utilization review dated 05/05/14 indicates the request for an Unna boot and an orthotic resulted in a non-certification as insufficient information had been submitted regarding the injured worker's clinical findings supporting these requests. No information was submitted regarding the initial injury. The clinical note dated 03/28/14 indicates the injured worker utilizing a 1 point crutch for ambulatory assistance. There is an indication the injured worker has complaints of left foot and ankle pain. Severe edema was identified in the left lower extremity at that time. Localized pain was identified both medially and laterally. Tenderness was identified at the medial and lateral collateral ligaments. No instability was identified to varus or valgus stress testing. The note indicates the injured worker having an increase in pain with motion at the left ankle. The clinical note dated 04/10/14 indicates the injured worker additionally complaining of low back pain. 3+ tenderness was identified upon palpation at the lateral and medial left ankle. Inversion at the left ankle causes pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Functional Orthotics: Upheld

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

Guidelines-Treatment for Worker's Compensation, Ankle & Foot Procedure Summary last updated 2/20/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices

Decision rationale: The documentation indicates the injured worker complaining of left ankle pain. Orthotic devices are indicated for injured workers who have been diagnosed with plantar fasciitis and pain associated with rheumatoid arthritis. No information was submitted regarding the injured worker's findings consistent with rheumatoid arthritis. There is an indication the injured worker has been diagnosed with plantar fasciitis. However, no significant clinical findings were identified in the submitted documentation. Therefore, it is unclear if the injured worker has findings consistent with plantar fasciitis that would support the use of a custom orthotic device. Without this information in place, it is unclear if the injured worker would benefit from an orthotic device. Therefore, this request is not indicated as medically necessary.

Unna Boot, Left: 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: 1.) WILLIAM G. STEBBINS MD, C. WILLIAM HANKE MD, MPH and JEFFREY PETERSEN MD. Enhanced Healing of Surgical Wounds of the Lower Leg Using Weekly Zinc Oxide Compression Dressings. Issue Dermatologic Surgery. Volume 37, Issue 2, pages 158-165, February 2011. 2.) M. Frances Valle DNP, MS, Nisa M. Maruthur MD, MHS, Lisa M. Wilson ScM, Mahmoud Malas MD, MHS, Umair Qazi MPH, Elisabeth Haberl BA, Eric B. Bass

Decision rationale: The use of an Unna boot is indicated for wound care. No information was submitted regarding the injured worker's current wound at the left lower extremity. Therefore, an Unna boot is not fully supported at this time and considered as medically necessary.