

Case Number:	CM14-0188442		
Date Assigned:	11/19/2014	Date of Injury:	03/25/2013
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

IW is a 28 year old woman who fell at work while working as a teacher. She suffered a left fibula fracture and a tear of the left MCL on 3/25/2013. She was treated with physical therapy for the knee and ankle and medications. On 4/22/2014, she underwent arthroscopy of the left knee with partial medial meniscectomy, medial femoral condyle chondroplasty, medial tibial plateau chondroplasty, partial lateral meniscectomy, patelloplasty, partial synovectomy and removal of loose bodies. On 7/25/2013, she underwent excision of avulsion fracture, left foot, and left ankle ligament repair. Alcohol sclerosing therapy was denied citing that the AODG criteria had not been met. Custom molded orthotics were denied because the records did not reflect on how the prior orthotics helped the IW. Diagnoses 1. Left third interspace neuroma 2. Left fibula fracture 3. Left medial and lateral meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol sclerosing therapy injection x 6 to left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sclerotherapy Page(s): 105.

Decision rationale: The CA MTUS states that sclerotherapy is not recommended. Sclerotherapy/prolotherapy has no proven value via well-controlled, double blind studies and may have harmful effects. Recommendation is for denial.

Custom molded orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Foot Orthosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle, Surgery for Morton's Neuroma

Decision rationale: The podiatric note of 10/14/2014 notes a third interspace mass with a recommendation of orthotics for proper adjustment for the neuroma to give her comfort. The ODG recommends a metatarsal pad orthotic to help keep pressure off of the nerve for a Morton's neuroma. The fabrication of a metatarsal pad orthotic is a subset of a custom orthotic and needs to be fabricated to accommodate for the location of the neuroma on the foot which varies from patient to patient. Recommendation is for approval.