

Case Number:	CM14-0204250		
Date Assigned:	12/16/2014	Date of Injury:	03/14/2014
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal Medicine, and is licensed to practice in District of Columbia. 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 47 year old patient who sustained injury on Mar 14 2014. She had issues with left ankle pain. She was treated with a brace, and tylenol. She did not have relief of her symptoms. She was not noted to have a specific limp and was able to heel and toe walk. She was diagnosed with left ankle lateral sprain and compensatory left knee pain probably chondromalacia patella. She was prescribed steroid injection of the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection-Left Ankle: 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)

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

Decision rationale: Per ACOEM guidelines, Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective.- Other miscellaneous therapies have been evaluated and found to be ineffective or minimally

effective. In particular, iontophoresis and phonophoresis have little or no proven efficacy in treating foot and ankle complaints.- 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.- Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and non-steroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited. - There is limited evidence for the effectiveness of impulse compression or coupled electrical stimulation treatment to accelerate delayed fracture union.Per guidelines cited above, this intervention would not be recommended.

TENS unit for left ankle/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), Ankle and Foot, Chapter Transcutaneous Electrical Neurostimulation (TENS)

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 Transcutaneous electrical neurostimulation (TENS)

Decision rationale: ACOEM and MTUS do not address this treatment. ODG states Transcutaneous electrical neurostimulation(TENS) is not recommended. There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. In general it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Crawford, 2002, Van der Windt, 2001). Per guidelines cited above, this intervention would not be recommended.