

Case Number:	CM14-0209551		
Date Assigned:	12/22/2014	Date of Injury:	09/19/2012
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 Orthopedic 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:

According to the records made available for review, this is a 44-year-old female with a 9/19/12 date of injury. At the time (11/7/14) of request for authorization for Strapping for the Bilateral Ankle/Feet, there is documentation of subjective (painful bilateral plantar fascia with pain about 7-8/10 underneath both heel/arches) and objective (increased pain with palpation of bilateral calcaneal bodies, bilateral tibial/fibular shafts, increased pain with palpation of bilateral plantar medial fascia with activation of windlass mechanism, pain with palpation of bilateral talocalcaneal joints and sinus tarsi, increased pain with palpation of bilateral calves/Achilles tendons at insertion and with bilateral ankle joint dorsiflexion/plantar flexion, antalgic gait, and ankle joint dorsiflexion decreased by 10% on both sides) findings, current diagnoses (plantar fasciitis, peroneal tendonitis, bursitis, unspecified, right ankle injury, and pain), and treatment to date (orthotics and strapping (with minimal help)). There is no documentation of mild sprain (Grade 1) or severe sprain (Grade 2-3) and a clear rationale for the replacement of DME already in use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strapping for the Bilateral Ankle/Feet: 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) Treatment Index, 12th Edition (web) 2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprain; Sprain-fracture; or Contusion, Ankle & Foot and on Other Medical Treatment Guideline or Medical Evidence:

[https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_\(dme\).pdf](https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_(dme).pdf)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of mild sprain (Grade 1) or severe sprain (Grade 2-3), as criteria necessary to support the medical necessity of ankle strapping. Medical Treatment Guideline identifies documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of plantar fasciitis, peroneal tendonitis, bursitis, unspecified, right ankle injury, and pain. However, there is no documentation of mild sprain (Grade 1) or severe sprain (Grade 2-3). In addition, given documentation of ongoing treatment with strapping, there is no documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Therefore, based on guidelines and a review of the evidence, the request for Strapping for the Bilateral Ankle/Feet is not medically necessary.