MAXIMUS Federal Services

Case Number:	CM15-0003268		
Date Assigned:	01/14/2015	Date of Injury:	11/14/2011
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on November 14, 2011. She has reported left ankle pain. The diagnoses have included left Achilles partial rupture and tendonitis with calcification, pain, ankle sprain, osteoarthritis left knee and right total knee replacement with revision. Treatment to date has included X-ray magnetic resonance imaging (MRI) shock wave treatment and orthotics. Currently, the IW complains of difficulty walking and left ankle pain. She had magnetic resonance imaging (MRI) on December 30 and has used topical cream and Low-Dye strap.On December 23, 2014 utilization review non-certified a request for Transcutaneous Electrical Nerve Stimulation (TENS) unit left ankle and custom ankle-foot orthosis brace left ankle, noting the lack of formal functional improvement program and need for custom brace is not documented. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN CHAPTER, TENS UNIT

Decision rationale: This patient presents with left ankle pain. The treater has asked for TENS UNIT LEFT ANKLE on 12/15/14. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, patient presents with left ankle sprain/tendinitis, and does not present with a diagnosis that MTUS indicates for use of TENS unit. In addition, review of the records indicate patient has not yet had a month-long trial of TENS unit, and this request is for a purchase. The request IS NOT medically necessary.

Custom AFO Brace Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ANkle

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ANKLE CHAPTER, ANKLE FOOT ORTHSIS

Decision rationale: This patient presents with left ankle pain. The treater has asked for CUSTOM AFO BRACE LEFT ANKLE on 12/15/14 to increase left ankle stability. The patient has stopped using a Stromgren left ankle support as it hurts her left heel per 11/18/14 report. Regarding Ankle foot orthosis (AFO), ODG guidelines recommend as an option for foot drop. ODG states: "An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and if necessary push-off stimulation during the late stance phase." ACOEM chapter 14, briefly discuss foot bracing on page 371, stating it should be for as short a time as possible. In this case, the patient has discontinued using an ankle support as it causes discomfort. The treater is requesting another ankle brace to increase stability, as the patient has difficulty ambulating. The patient has not had a recent surgery, however, and is not undergoing neurologic recovery. There is no documentation of the patient having foot drop. An ankle brace is not indicated for this kind of condition according to the guidelines. The request IS NOT medically necessary.