

Case Number:	CM15-0005307		
Date Assigned:	01/30/2015	Date of Injury:	09/04/2012
Decision Date:	04/22/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on September 4, 2012. The injured worker was diagnosed as having bilateral tarsal tunnel syndrome versus plantar fasciitis, bilateral knees sprain/strain, lumbar sprain/strain, coccyx sprain, and plantar fascial fibromatosis. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), lumbar spine x-ray, left knee x-ray, and medication. Currently, the injured worker complains of bilateral foot pain. The Primary Treating Physician's report dated November 22, 2014, noted the injured worker reporting not taking medications due to stomach upset, with symptoms unchanged from November 13, 2014. The treatment plan was noted to include continuation of topical creams for relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Ankle Brace, purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Bracing (immobilization).

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral ankle braces for purchase are not medically necessary. Bracing (immobilization) is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be favorable strategy for treating ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks. In this case, the injured worker's working diagnoses are bilateral tarsal tunnel syndrome versus plantar fasciitis. There is a single progress note in the medical record dated November 22, 2014. The subjective and objective findings reference the bilateral feet. The utilization review references a progress note dated July 2014. The injured worker was still having pain with cramping in the feet. The injured worker received new orthotics in July 2014. According to the utilization review, the only accepted body part for the claim or the bilateral feet. The injured worker just received new orthotics in response to continued pain in the feet. There is no clinical indication for bilateral ankle braces at this time. Consequently, absent compelling clinical documentation for bilateral ankle braces for purchase, bilateral ankle braces for purchase are not medically necessary.

HEP Kit, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home exercise program kit for purchase is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The physical therapy guidelines allow for fading of treatment frequency plus active self-directed home physical therapy. In this case, the injured worker's working diagnoses are bilateral tarsal tunnel syndrome versus plantar fasciitis. There is a single progress note in the medical record dated November 22, 2014. The subjective and objective findings reference the bilateral feet. There is no documentation in the medical record indicating whether the injured worker had prior physical therapy. There is no documentation referencing physical therapy, the number of physical therapy visits or objective functional improvement with prior physical therapy. Patients are expected to continue an independent home exercise program post physical therapy. There is no clinical rationale or clinical indication for a home exercise program or kit. The utilization review states home exercises can be performed using standard household objects without the need for extraneous equipment. Consequently, absent clinical documentation (other than a single progress note documenting bilateral tarsal tunnel syndrome versus plantar

fasciitis) in the absence of prior physical therapy documentation, a clinical indication and clinical rationale for a home exercise program and kit for purchase, home exercise program kit for purchase is not medically necessary.