Case Number:	CM15-0107149		
Date Assigned:	06/11/2015	**Date of Injury:**	07/02/2008
Decision Date:	08/26/2015	**UR Denial Date:**	05/27/2015
Priority:	Standard	**Application Received:**	06/03/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 was a 59 year old male with an industrial injury dated 07/02/2008. His diagnoses included neuropathic pain, ganglion cyst, crepitus and fractured foot bone. Prior treatment included H wave therapy. He presented on 03/06/2015 with mid foot pain, crepitus and compensatory gait changes. Subjective and objective findings are negligibly documented: altered gait, traumatic arthritis and crepitus. Treatment plan included repeated: H wave, nerve block injection, wrap foot and ankle in ace wrap and Unna boot and iontophoresis all with minimal sustained effect. The request is for ace wrap, 1 H wave in office treatment, 1 nerve block injection of Lidocaine and alcohol, 1 Unna boot (between 03/27/2015 and 03/27/2015) and 2 iontophoresis (between 03/27/2015 and 07/25/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Iontophoresis (between 3/27/15 and 7/25/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines Ankle and Foot Complaints Page(s): 371.

Decision rationale: In general, application Iontophoresis is not found to be more than minimally effective and has little or no proven efficacy in treating foot and ankle complaints. Iontophoresis has not provided sustained relief in the care of care this injured worker and cannot be certified for continued application, Iontophoresis is not medically necessary.

1 Unna boot (between 3/27/15 and 3/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assoc for the Advancement of Wound Care (AAWC) Venous Ulcer Guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 369-376. Decision based on Non-MTUS Citation NON MTUS guidelines Managing Your: Ankle Fracture. In: Ferri FF, ed. Ferri's Clinical Advisor 2015Ankle fractures. In: Eiff MP, Hatch RL, eds. Fracture Management for Primary Care.

Decision rationale: Unna Boot application is given no specific reference in the MTUS. An Unna boot is a specifically prepared gauze bandage, which can be used for the treatment of venous stasis ulcers and other venous insufficiencies of the leg. Unna boots are clinically applied as supportive bandages in the acute treatment of sprains and strains of the foot, ankle and lower leg. Unna boots have no proven value when used in conjunction with fracture treatment. Their use in either regard is controversial. Unna boots are not certified in the care of: Post traumatic arthropathy or fractures of the ankle and foot. Unna boots are not medically necessary in the management of this patient.

1 H-wave in office treatment (between 3/27/15 and 3/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines Ankle and Foot Complaints Page(s): 114, 118, 371. Decision based on Non-MTUS Citation Comparative analgesic effects of H-wave therapy and transcutaneous electrical nerve stimulation on pain threshold in humans. McDowell BC1, McCormack K, Walsh DM, Baxter DG, Allen JM.

Decision rationale: Under specific guidelines, a one month home use trial is endorsed in the MTUS. No recommendation is made for in office application as per the requirements of the injured worker in question. There is insufficient accepted scientific evidence to certify this therapy in the proposed application. The use of H Wave therapy in office is not medically necessary.

1 Nerve block injection of Lidocaine and Alcohol (between 3/27/15 and 3/27/15): 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 CRPS, sympathectomy Page(s): 39.

Decision rationale: The MTUS, chronic Pain Medical Treatment Guidelines reference neurolysis by means of chemical sclerosis. There is no documented support qualifying that previous injection with a sclerosing agent provided benefit for the injured worker. The procedure is not presently endorsed in the MTUS based on the need for qualified evidence indicating safety and effectiveness. The request for: Nerve block injection of Lidocaine and Alcohol is not certified in effect and is not medically necessary.

1 Ace wrap (between 3/27/15 and 3/27/15): 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 & Foot (Acute & Chronic)-Elastic bandage (immobilization).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Table 14-3 Page(s): 370. Decision based on Non-MTUS Citation Acta Orthop Traumatol Turc. 2014; 48 (1): 10-6. doi: 10.3944/AOTT.2014.2981. Effects of Aircast brace and elastic bandage on physical performance of athletes after ankle injuries. Günay S1, Karaduman A2, Oztürk BB3. nn Phys Rehabil Med. 2013 Mar; 56 (2): 113-22. doi: 10.1016/j.rehab.2012.12.001. Epub 2013 Jan 22. A comparison of the effects of ankle taping styles on biomechanics during ankle inversion. Trégouët P1, Merland F, Horodyski MB.

Decision rationale: The California MTUS Table 14-3. Methods of Symptom Control for Ankle and Foot Complaints, makes reference to multiple modes of immobilization. ACE wrap is a proprietary compressive elastic bandage and without direct MTUS reference. Splinting and immobilization by means of Elastic bandages is identified with a slower rate of recovery to function, rapid loss of support and with greater joint instability than realized by more restrictive immobilization. The injured worker has used ACE wrap dressings for the treatment of his affected limb without a recorded statement of effectiveness. ACE wrap cannot be certified as effective in the management of this patient. ACE wrap is not certified as medically necessary.