

<b>Case Number:</b>	CM15-0107679		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 58 year old male with an industrial injury dated 08/14/2014. The mechanism of injury is documented as a fall off a ladder twisting right ankle and foot. His diagnoses included traumatic arthritis, sinus tarsitis and neuropathic pain, ankle and foot. Prior treatment included medication, Terocin and Lidocaine pain patches. He presents on 03/24/2015 with severe joint pain along with severe nerve pain. The provider documents the amount of pain the patient is experiencing due to this injury is tremendous and it totally disables the patient. Documentation also states the patient has not been able to work or do any extracurricular activities and that he cannot even do his activities of daily living. Objective findings are not documented in this note. Treatment plan included to continue with the use of therapy to his ankle and foot, iontophoresis and application of supportive Unna bot. He is to continue with the use of the cam walker and crutches, Terocin and Lidocaine pain patches. This request is for ace bandage #1, Iontophoresis therapy, 2 sessions; nerve block injection to the lateral ankle and Unna boot #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve block injection to the lateral ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections.

**Decision rationale:** MTUS states that "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." ODG states "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids." In this case, there is no evidence of Morton's neuroma. The patient has received a previous injection with no documented significant clinical response. As such, the request for nerve block injection to lateral ankle is not medically necessary.

**Unna boot, #1:** 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 & Foot (Acute & Chronic), Bracing (immobilization).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Bracing (Immobilization).

**Decision rationale:** The MTUS states that "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable, if the nature of the injury does not prohibit them, gentle range-of-motion exercises several times a day within limits of pain is better than complete immobilization. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly." ODG states that immobilization is "Not recommended in the absence of a clearly unstable joint." If used for instability, it is not recommended past 6 weeks. In this case there is no indication for persistent splinting or joint instability at this time. The Unna boot is being used to control swelling. The patient is beyond the 6 week window. As such, the request for Unna boot #1 is not medically necessary.

**Ace bandage, #1:** 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 & Foot (Acute & Chronic), Rest (RICE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

**Decision rationale:** The MTUS states that "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable, if the nature of the injury does not prohibit them, gentle range-of-motion exercises several times a day within limits of pain is better than complete immobilization. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly." In this case there is no indication for persistent splinting or joint instability. The patient is beyond the acute phase of injury. As such, the request for Ace bandage #1 is not medically necessary.

**Iontophoresis therapy, 2 sessions:** 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 & Foot (Acute & Chronic), Iontophoresis.

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

**Decision rationale:** The MTUS states that "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." As such the request for Iontophoresis therapy, 2 sessions is not medically necessary.