

Case Number:	CM15-0149481		
Date Assigned:	08/12/2015	Date of Injury:	10/09/2014
Decision Date:	09/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47-year-old female who sustained an industrial injury on 10-9-14. Her initial complaints are not available for review. However, the podiatry note dated 1-20-15 indicates that the injury occurred as a result of a fall, causing her ankle to roll. The document states that it was an "inversion twisting injury". The report indicates that x-rays revealed "no osseous injury" and an MRI revealed "no significant lateral ankle pathology. Only mild degenerative spurring of the dorsal talonavicular and cuneiform joints". She was diagnosed with left ankle sprain. The treatment recommendations were for continued physical therapy and a transfer of care to a physiatrist for "possible neurological workup and treatment options for chronic pain". The PR-2 dated 6-22-15 indicates that the injured worker continued to complain of left foot, ankle, and lumbar pain. She reported that the lumbar pain was "intermittent and sharp, at times". She stated that "sometimes" she experiences the pain radiating to her left knee and has numbness, burning, and weakness in the ankle. The noted indicates that she had been engaged in a home exercise program. Other treatment modalities in use were noted to be Lidopro cream and TENS unit for pain control, Gabapentin "helps with nerves", Naproxen for inflammation, and Omeprazole "for stomach". The report indicates that she "visits today for self TPT trial". Her diagnoses included left ankle and left foot pain in joint, mild elevated liver function tests, obesity, lumbar radiculopathy, lumbar degenerative disc disease, and myofascial pain. The treatment recommendations indicated that self-TPT was done at that visit which "relaxed her muscle and mild symptoms relief". This was dispensed for home use. Other treatment recommendations were to continue home exercise program, TENS, and heating pad, as well as await authorization for paraffin use in the home and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare for the left foot and ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The ACOEM chapter on foot and ankle complaints and treatment states: Adjust or modify workstation, job tasks, or work hours and methods. Stretching - Specific foot and ankle exercises for range of motion and strengthening. At-home applications of cold during first few days of acute complaint; thereafter, applications of heat or cold as patient prefers, unless swelling persists, then use cold. Initial and follow-up visits for education, counseling, and evaluation of home exercise-Aerobic exercise. The requested item allows for home application of heat and therefore the request is certified. Therefore, the requested treatment is medically necessary.