

Case Number:	CM15-0167952		
Date Assigned:	09/08/2015	Date of Injury:	09/23/1997
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This 69 year old female sustained an industrial injury to the left shoulder, left ankle, left foot and bilateral knees on 9-23-97. Previous treatment included left ankle surgery with medial and lateral screws, injections and medications. Documentation did not disclose recent magnetic resonance imaging. Recent treatment consisted of medication management. In a PR-2 dated 6-15-15, the injured worker complained of pain rated 6 out of 10 on the visual analog scale that increased to an 8 with range of motion. The injured worker also complained of collapsing arches. Physical exam was remarkable for ankle with swelling, neuropathy and decreased range of motion. The injured worker walked with compensatory limp due to knee, hip and back pain. The physician stated that the injured worker's condition was worsening with burning, aching and throbbing pain. Current diagnoses included foot bone fracture, edema and traumatic arthritis. The treatment plan consisted of trigger point injections, Terocin patches and an Unna boot with ace wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection for the Left Foot QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Physical Examination, Diagnostic Criteria, Physical Methods, Special Studies.

Decision rationale: The record provides no evidence of diagnostic study or evidence base treatment as recommended by the MTUS guidelines. The current diagnosis are essentially unchanged throughout the given record. A host of treatment has been applied without positive, sustainable outcome including the requested modalities. The diagnosis of: Fracture foot, traumatic arthritis and edema are not supported with adequate description or objective diagnostics. There are many possible causes for the injured workers' difficulties and there are consequently a variety of treatment strategies. Corroborative tests for the stated dysfunction may include: EMG, tissue biopsy, nerve conduction studies, X-Ray study, ultrasound, CT Scan, Bone Scan and MRI. The record provides no evidence of diagnostic study or consultation for arthritic evaluation and treatment or pain evaluation and management. Without consideration of required study and evaluation the requested treatment modality cannot be considered for advisement. As per MTUS guidelines trigger point injection is not medically necessary.

Unna Boot QTY: 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, Ankle Bracing.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Physical Examination, Diagnostic Criteria, Physical Methods, Special Studies. Decision based on Non-MTUS Citation Managing Your: Ankle Fracture. In: Ferri FF, ed.Ferri's Clinical Advisor 2015, Ankle fractures. In: Eiff MP, Hatch RL, eds, Fracture Management for Primary Care.

Decision rationale: 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.

Ace Wrap QTY: 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, Ankle bracing.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Physical Examination, Diagnostic Criteria, Physical Methods, Special Studies. Decision based on Non-MTUS Citation Managing Your: Ankle Fracture. In: Ferri FF, ed.Ferri's Clinical Advisor 2015, Ankle fractures. In: Eiff MP, Hatch RL, eds, Fracture Management for Primary Care.

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, without MTUS direct endorsement. Splinting and immobilization by means of Elastic bandage 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 her 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 medically necessary.