

Case Number:	CM15-0191692		
Date Assigned:	10/05/2015	Date of Injury:	08/28/2009
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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 28 year old male who sustained an industrial injury on 08-28-2009. According to a progress report dated 07-17-2013, subjective complaints included chronic pain in ankle and foot, altered gait, tenderness with palpation of the right lateral ankle. Objective findings included anterior talofibular calcaneofibular and deltoid ligament sprain, pain with standing and walking and positive MRI lateral malleoli and dorsolateral process of talus. Diagnoses included neuropathy, traumatic arthritis, chronic ankle pain and hypesthesia. The treatment plan included nerve block injection, H-Wave, Unna boot and ace wrap. An authorization request dated 07-07-2013 was submitted for review. The requested services included office visit, report, nerve block injection, in house H-Wave treatment and Unna boot. According to a report dated 12-27-2013, the injured worker continued to suffer with chronic, aching pain and continued disability to the right ankle and foot. On 09-22-2015, Utilization Review non-certified the request for nerve block injection to the right ankle, in house H-Wave treatment to right ankle date of service 07-17-2013 and Unna boot with ace wrap for right ankle date of service 07-17-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block Injection to Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, nerve block injection to the right ankle is not medically necessary. Injections are not recommended for tendinitis or Morton's neuroma. The guidelines do not recommend intra-articular corticosteroids. Injections are under study for heel pain. Injections for plantar fasciitis (heel pain) is understudied. Injections for Achilles tendinitis are not recommended. The guidelines do not recommend corticosteroid injections for Morton's neuroma. Intra-articular corticosteroids are not recommended. In this case, the injured worker's working diagnoses are neuropathy; traumatic arthritis; chronic ankle pain; and hypesthesias. Date of injury is August 28, 2009. Request for authorization is September 12, 2015 that references a July 17, 2013 date of service. The rhino progress notes prior to July 17, 2013. Subjectively, the documentation indicates chronic pain in the ankle foot with an altered gait. There is tenderness to palpation of the right lateral ankle. The objective section does not contain a physical examination of the ankle. There is no documentation of prior injections and or objective functional improvement from prior injections. There is no neurologic evaluation or evidence of neuropathic symptoms or signs. There is no clinical indication or rationale for a nerve block injection to the right ankle. There is no clinical indication or rationale for H wave treatment (in-house). There is no physical examination documentation of the right ankle indicating edema or ulcerations. There is no clinical indication or rationale for the una boot. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation of injections to the ankle (nerve blocks to the ankle), no documentation of objective functional improvement with prior injections, no documentation prior to the July 17, 2013 progress note and no clinical indication or rationale for the nerve block injection, nerve block injection to the right ankle is not medically necessary.

In House H Wave Treatment to Right Ankle (DOS 7/17/13): 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), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulation (HWT).

Decision rationale: Pursuant to the Official Disability Guidelines, in-house H wave treatment to the right ankle (DOS: July 17, 2013) is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical

care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are neuropathy; traumatic arthritis; chronic ankle pain; and hypesthesias. Date of injury is August 28, 2009. Request for authorization is September 12, 2015 that references a July 17, 2013 date of service. The rhino progress notes prior to July 17, 2013. Subjectively, the documentation indicates chronic pain in the ankle foot with an altered gate. There is tenderness to palpation of the right lateral ankle. The objective section does not contain a physical examination of the ankle. There is no documentation of prior injections and or objective functional improvement from prior injections. There is no neurologic evaluation or evidence of neuropathic symptoms or signs. There is no clinical indication or rationale for a nerve block injection to the right ankle. There is no clinical indication or rationale for H wave treatment (in-house). There is no physical examination documentation of the right ankle indicating edema or ulcerations. There is no clinical indication or rationale for the una boot. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation preceding the July 17, 2013 progress note, no clinical indication or rationale for H wave in-house use and no physical examination demonstrating neuropathic signs, in-house H wave treatment to the right ankle (DOS: July 17, 2013) is not medically necessary.

Unna Boot with Ace Wrap for Right Ankle (DOS 7/17/13): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg section, Compression garments.

Decision rationale: Pursuant to the Official Disability Guidelines, Unna Boot with ace wrap to the right ankle (DOS: July 17, 2013) is not medically necessary. Compression garments are recommended. High levels of compression produced by bandaging and strong compression stockings are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as management of lymphedema. In this case, the injured worker's working diagnoses are neuropathy; traumatic arthritis; chronic ankle pain; and hypesthesias. Date of injury is August 28, 2009. Request for authorization is September 12, 2015 that references a July 17, 2013 date of service. The rhino progress notes prior to July 17, 2013. Subjectively, the documentation indicates chronic pain in the ankle foot with an altered gate. There is tenderness to palpation of the right lateral ankle. The objective section does not contain a physical examination of the ankle. There is no documentation of prior injections and or objective functional improvement from prior injections. There is no neurologic evaluation or evidence of neuropathic symptoms or signs. There is no clinical indication or rationale for a nerve block injection to the right ankle. There is no clinical indication or rationale for H wave treatment (in-

house). There is no physical examination documentation of the right ankle indicating edema or ulcerations. There is no clinical indication or rationale for the Unna Boot. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the right ankle demonstrating edema and or ulcerations, and no clinical indication or rationale for the Unna Boot, Unna Boot with ace wrap to the right ankle (DOS: July 17, 2013) is not medically necessary.