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| Case Number: | CM15-0195719 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 03/28/2012 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 36 year old woman sustained an industrial injury on 3-28-2012. Diagnoses include plantar fasciitis, peroneal tendonitis, capsulitis, sinus tarsi syndrome, achilles tendonitis, and pain. Treatment has included oral medications. Physician notes dated 3-31-2015 show complaints of bilateral heel-arch pain rated 6 out of 10 and bilateral ankle pain rated 4 out of 10. The physical examination shows severe hypersensitivity to the L4 and L5 dermatomes. Decreased pain is noted with palpation of the bilateral sinus tarsi, peroneals, and distraction-impaction of bilateral ankle joints. Increased pain is noted with palpation of bilateral calcaneal bodies, activation of Windlass mechanism, palpation of bilateral plantar fascia, and negative Valleix-Tinel sign. An antalgic gait is noted without assistive devices. Range of motion shows ankle dorsiflexion 16 degrees with guarding, ankle plantar flexion 32 degrees with guarding, subtalar joint inversion is 24 with guarding, and subtalar joint eversion is 16 degrees with guarding. Recommendations include applied new unna boots, Naprosyn, Pantoprazole, Cyclobenzaprine, Tramadol, trigger point injection, awaiting new orthotics, and follow up in one month. Utilization Review denied requests for unna boots and manual therapy of the feet and ankles on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: unna boot DOS: 8/4/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts: Clinical Procedures in Emergency Medicine, 4th ed., Saunders, An Imprint of Elsevier. Pp. 1004-1005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot: RICE and Other Medical Treatment Guidelines Advance health care network: Unna Boot Application.

Decision rationale: The Unna boot is a moist compression paste-and-dressing bandage used mainly to treat ulcers arising from venous insufficiency or ankle sprain with severe swelling. Venous ulceration usually occurs at the medial aspect of the lower leg, especially at the medial malleolus. It accounts for 67% to 90% of all leg ulcers, most of them in elderly women. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. Rest and immobilization appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. The use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury. In this case there is no documentation that the patient has an acute injury or ulcers from venous insufficiency. There is no indication for unna boot. The request is not medically necessary.

Retro: manual therapy (bilateral feet/ankles) DOS: 8/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case there is no documentation that of the quantity or efficacy of prior treatments. There is no documentation of objective evidence of functional improvement. The lack of documentation does not allow determination of necessity. The request is not medically necessary.