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| <b>Case Number:</b>   | CM15-0200032 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 06/05/2013 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/12/2015 |

### 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:

The injured worker is a 29 year old male with an industrial injury dated 06-05-2013. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain and strain, right shoulder impingement syndrome, right shoulder pain and sprain and strain, right wrist sprain and strain, right knee pain, right knee sprain and strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain and strain, rule out right ankle internal derangement and anxiety. According to the progress note dated 09-02-2015, the injured worker reported thoracic spine, right shoulder, right wrist, right knee, right ankle, and psychological complaints. The injured worker reported constant severe right ankle pain and numbness with weakness and cramping, aggravated by repetitive movement, prolonged or repetitive standing, prolonged or repetitive walking, prolonged or repetitive climbing stairs and prolonged or repetitive squatting. The injured worker reported relief from medication, massage and physical therapy. Right ankle pain level was rated 8 out of 10 on a visual analog scale (VAS). Objective findings for the right ankle exam (08-20-2015, 09-02-2015) revealed decreased and painful range of motion and tenderness to palpitation of the anterior ankle, anterior talofibular ligament and lateral ankle. Treatment has included prescribed medications, physical therapy and periodic follow up visits. The treating physician prescribed application of Unna boot to the right ankle and foot, now under review. The utilization review dated 10-02-2015, non-certified the request for application of Unna boot to the right ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Application of Unna Boot to the Right Ankle/Foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, 2015, Online Version, Foot/Ankle Chapter, Bracing/Immobilization.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Examination, Special Studies, Medical History, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Bracing and Immobilization and Other Medical Treatment Guidelines 1. Acta Orthop Traumatol Turc. 2014; 48 (1): 10-6. doi: 10.3944/AOTT.2014.2981. Effects of Aircast brace and elastic bandage on physical performance of athletes after ankle injuries. Gunay S1, Karaduman A2, Ozturk BB3. 2. Ann Phys Rehabil Med. 2013 Mar;56(2):113-22. doi: 10.1016/j.rehab.2012.12.001. Epub 2013 Jan 22. A comparison of the effects of ankle taping styles on biomechanics during ankle inversion. Tregouet P1, Merland F, Horodyski MB. 3. J Man Manip Ther. 2010 Mar; 18 (1): 22-28. doi: 10.1179 / 106698110X12595770849524 PMID: PMC3103112 Evidence-based treatment for ankle injuries: a clinical perspective Chung-Wei Christine Lin,1 Claire E Hiller,2 and Rob A de Bie3.

**Decision rationale:** The current diagnosis is essentially unchanged throughout the given record. Numerous treatment modalities have been applied without positive, sustainable outcome, including the requested UNNA boot dressing. The injured worker's status, right ankle has become chronic in presentation. There are many possible causes for the injured worker's difficulties and there are a variety of treatment strategies. As per MTUS, Table 14-3, Methods of symptom Control for Ankle & Foot Complaints, reference is made to multiple modes of immobilization. UNNA Paste bandage dressings are proprietary compressive dressings, identified for use in the control of swelling and edema of the lower extremity. UNNA boots are without MTUS endorsement for ankle sprains/strains. Splinting and immobilization with bandage dressings is identified with, a slower rate of recovery to function, rapid loss of support and with greater joint instability, than realized, with more restrictive immobilization. As per MTUS guidelines, the request for UNNA boot application, right ankle and foot is not medically necessary.