

Case Number:	CM15-0200532		
Date Assigned:	10/15/2015	Date of Injury:	10/01/2011
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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 52 year old male, who sustained an industrial injury on 10-01-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a grade II ankle sprain, closed ankle fracture, and neuropathy. Medical records (04-13-2015 to 07-21-2015) indicate ongoing left ankle pain and swelling. Pain levels were rated 6-7 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were not addressed. Additionally, the IW's work status was not specified. The physical exam of the left ankle, dated 07-21-2015, revealed an antalgic gait favoring the left ankle and foot, continued feeling of instability, significant pain with compression and palpation over the posterior and lateral ankle, swelling, and hypoesthesia distally. Relevant treatments have included: left ankle arthroscopy, H-Wave use, supportive equipment, work restrictions, and pain medications. The request for authorization was not available for review; however, the utilization review letter states that the following equipment was requested: Unna boot. The original utilization review (10-05-2015) non-certified the request for Unna boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unna boot: 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), Ankle and Foot (updated 06/22/15) - Online Version, Elastic bandage (immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, unna boots.

Decision rationale: The California MTUS, ODG and the ACOEM do not directly address the requested service. The up-to date guidelines section on unna boots indicate they are not intended for the use in treatment of ankle sprain. They are indicated for ulcerations of the lower extremity due to various causes. The patient has no noted ulceration on exam. Therefore the request is not medically necessary.