MAXIMUS Federal Services

Case Number:	CM15-0205378		
Date Assigned:	10/22/2015	Date of Injury:	03/22/2012
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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, West Virginia, Pennsylvania
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:

The injured worker is a 52 year old female who sustained an industrial injury on 3-22-12. The injured worker has been treated for degeneration of left foot and ankle; cervical sprain-strain; tendinitis bilateral shoulders; right and left carpal tunnel release; depression; impingement syndrome of the left ankle; fracture of medial malleolus and heel; plantar fasciitis of the left foot; painful gait. She currently (9-11-15) complained of very painful and swollen left foot flare up and on 7-31-15 complains of very painful left foot more on the arch. On physical exam it was noted that the injured worker ambulates with a limp and there was tenderness over the left ankle and foot. Diagnostics include bone scan triple (7-14-14) showing no evidence of recent fracture or other acute osseous abnormality within either ankle or foot, no specific evidence of reflex sympathetic dystrophy involving the feet, mild degenerative disease of ankle and feet bilaterally. Treatments to date include orthotic shoes; physical therapy for the left foot in an attempt to improve function; cortisone injection to the left foot on 9-22-15 with 2 hours relief; ice for swelling. The 7-31-15 treating provider's plan of care included a request for surgery for posterior tibial tendon for reestablishment of the medial longitudinal arch of the left foot and surgery was scheduled for 10-9-15. The request for authorization dated 9-28-15 was for transcutaneous electrical nerve stimulator unit; crutches; walker. On 10-6-15 Utilization review non-certified the request for transcutaneous electrical nerve stimulator unit; crutches; walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Guidelines do not support TENS as a primary treatment modality and reserves its use for one month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit and there is no evidence supporting its use in the ankle/foot. The request for a TENS unit for home use (ankle/foot) is not medically appropriate and necessary.

Crutches: 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 & Leg - Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: Guidelines recommend crutches for patients with knee pain. In this case, the patient is undergoing a left ankle/foot repair and the claimant received a pair of crutches through the ER and there is no indication for a 2nd set of crutches. The request for crutches is not medically appropriate and necessary.

Knee walker: 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 & Leg - Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: Guidelines recommend a knee walker for patients with knee pain. In this case, the patient is undergoing a left ankle/foot repair and the claimant received a pair of crutches through the ER and there is no indication for why the claimant cannot continue to utilize crutches for ambulation. The request for knee walker is not medically appropriate and necessary.