

Case Number:	CM15-0209409		
Date Assigned:	10/28/2015	Date of Injury:	03/02/2007
Decision Date:	12/21/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 is a 58 year old female with a date of injury on 3-2-15. A review of the medical records indicates that the injured worker is undergoing treatment for left knee, ankle and foot pain. Progress report dated 9-4-15 reports continued complaints severe left ankle pain making it very difficult to ambulate. The pain is rated 8-9 out of 10. She is to receive an injection at this visit. Physical exam: increased pain with palpation of the left peroneal tendon and with distraction impaction of the left ankle joint and medial ankle deltoid ligament, weight bearing reveals antalgic gait, and range of motion is decreased. Treatments include: medication, injections, Unnas boot, shock wave treatment and myofascial release. According to the medical records an Unnas boot was request in March 2015. Request for authorization was made for Unnas boot left. Utilization review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unnas boot left: Overturned

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, brace.

Decision rationale: A review of the medical records indicates that the injured worker is undergoing treatment for left knee, ankle and foot pain. Progress report dated 9-4-15 reports continued complaints severe left ankle pain making it very difficult to ambulate. The pain is rated 8-9 out 10. She is to receive an injection at this visit. Physical exam: increased pain with palpation of the left peroneal tendon and with distraction impaction of the left ankle joint and medial ankle deltoid ligament, weight bearing reveals antalgic gait, and range of motion is decreased. The medical records report findings of pain aggravated by physical activity with findings of pain on range of motion. ODG guidelines support the use of splint to reduce pain when there is demonstration of joint instability. Therefore, this request is medically necessary.