

Case Number:	CM15-0212431		
Date Assigned:	11/02/2015	Date of Injury:	04/26/2012
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid back, low back, knee, wrist, and shoulder pain reportedly associated with an industrial injury of April 26, 2012. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for orthotic training and two Unna boots. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 25, 2015, podiatry follow-up visit, two separate Unna boots, custom made orthotics, and orthotic training were all sought. On an associated progress note of September 25, 2015, the applicant reported ongoing issues with bilateral foot and ankle pain, highly variable, 5 to 8/10. The applicant reported difficulty ambulating. The applicant exhibited hypersensitivity about the feet on inspection with tenderness about the bilateral calcaneal regions. The applicant was exhibited visibly antalgic gait. The applicant was given diagnoses of peroneal tendonitis, plantar fasciitis, and flat feet with associated gait derangement. The applicant was given corticosteroid injection with plantar fascial region. Unna boots were applied. The applicant was asked to employ functional orthotics and continue icing the injured ankles. The applicant's work and functional status were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic training left and right: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the request for orthotic training was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, stretching, aerobic exercise, and maintenance of general activity are recommended to avoid debilitation. Here, the attending provider contended on the September 25, 2015 office visit at issue that the applicant had issues with gait derangement requiring usage of orthotics and other assistive devices. The attending provider seemingly suggested that he wished to train the applicant how to appropriately weight bear while employing said orthoses and/or other devices. This was indicated and in-line with the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377. Therefore, the request was medically necessary.

Unna's boot left & right x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request for two Unna boots, left and right, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 376, the prolonged usage of supports or bracing is deemed not recommended owing to the risk of debilitation. Here, the attending provider did not clearly state why he was choosing or electing to immobilize the applicant on the September 25, 2015 office visit at issue. The applicant was given several other treatments on that date of service, including orthotics, corticosteroid injections, etc. It was not clearly stated why strict immobilization via the Unna boots in question was proposed, particularly in the light of the fact that the applicant did not appear to carry a red flag diagnosis (such as a fracture), which would compel or warrant immobilization. Therefore, the request was not medically necessary.