

Case Number:	CM15-0086881		
Date Assigned:	05/11/2015	Date of Injury:	05/14/2008
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 injured worker is a 52 year old male, who sustained an industrial injury on 5/14/08. He reported slipping on a wet surface and twisting his left ankle and knee. The injured worker was diagnosed as having left ankle internal derangement. Comorbid conditions includes diabetes, gastritis and insomnia. Treatment to date has included medication, physical therapy, left ankle surgery in Aug 2013 (that was not beneficial) and 15 ankle injections. As of the PR2 dated 3/17/15, the injured worker reported pain in his left ankle and has difficulty with weightbearing and ambulation. Objective findings include antalgic gait with limited ambulating/weightbearing, limited left ankle motion to dorsiflexion 10 degrees, plantar flexion 15 degrees, inversion 10 degrees and eversion 10 degrees. There is also pain with range of motion and swelling in the left ankle. The treating physician requested walking boots, an IF unit and a knee walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking Boots: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-1. Decision based on Non-MTUS Citation The American College of Foot and Ankle Orthopedics and Medicine: Prescription Custom Foot Orthotics Practice Guidelines. Updated December 2006.

Decision rationale: Walking boots are rigid orthotic devices used to immobilize the foot and ankle and are indicated for use in acute and chronic foot or ankle injuries. They are also called walkers, cast boots, Aircast boot, medical boot, walking cast and fracture boots. Clinical studies have shown effectiveness of walking boots in reducing foot pain, disability and functional limitations in the early stages of foot arthritides and for the treatment of plantar fasciitis and chronic midfoot conditions. This patient has a chronic midfoot injury for which this modality of treatment is an option. Medical necessity for use of a walking boot has been established. The request is medically necessary.

Interferential Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-120.

Decision rationale: IF (Interferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS recommends use of TENS for neuropathic pain but does not recommend use of TENS for ankle or foot disorders. It also recommends TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. This request for use on an IF unit in this patient is not during the immediate post-surgical period although it is in conjunction with other therapies (medication, physical therapy, prior surgery) and the patient does have neuropathic pain from his neck injury. This meets the criteria required for its use. Thus medical necessity for a trial of this therapy has been established. The request is medically 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Foot and Ankle Orthopedics

and Medicine: Prescription Custom Foot Orthotics Practice Guidelines. Updated December 2006.

Decision rationale: Knee walkers (AKA knee scooters) are a form of durable medical equipment (DME) which allow users to propel themselves with one leg while the other rests on a wheeled support platform. They are indicated for use in patients who can't bear weight on one leg/foot and are used as an alternative to crutches or wheelchairs. Its use is not commented on by the MTUS or the American College of Foot and Ankle Orthopedics and Medicine guidelines. This patient has a chronic foot injury and is able to bear weight but with pain. Alternative forms of DME to alleviate the patient's symptoms, such as a rigid walking boot, have been requested but not given an adequate trial. At this point in the care of this patient medical necessity for use of a knee walker has not been established. The request is not medically necessary.