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| Case Number: | CM13-0046152 | | |
| Date Assigned: | 04/02/2014 | Date of Injury: | 06/22/2003 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] employee who has filed a claim for low back pain, ankle pain, lower extremity pain, myalgias, and myositis reportedly associated with an industrial injury of June 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compound; and the apparent imposition of permanent work restrictions. In a utilization review report of November 4, 2013, the claims administrator partially certified a request for 16 metatarsal pads and socks as 8 metatarsal pads and socks. The claims administrator cited sparse documentation in its denial. A November 25, 2013 progress note is notable for comments that the applicant is reportedly "100% disabled." The applicant is described as having issues with an antalgic gait, painful feet, tenderness about the shin and swelling about the lower extremities. A functional restoration program and various supplies, including metatarsal pads, are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 16 METATARSAL PADS/SOCKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS TREATMENT SECTION Page(s): 40.

Decision rationale: The Expert Reviewer's decision rationale: In this case, the applicant seemingly carries a diagnosis of chronic regional pain syndrome of the lower extremities. There is evidence of lower extremity edema and swelling appreciated on the office visit in question. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, part and parcel treatment for chronic regional pain syndrome includes "edema control." Therefore, the request is certified.