

Case Number:	CM14-0126393		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2012
Decision Date:	10/27/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This is a 59-year-old female with a 1/10/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/26/14, the patient complained of continued left ankle/joint pain. The left ankle pain was rated 7-8/10 affecting ambulation. The patient is dependent on a cane. Objective findings: antalgic gait, ankle surgery approved and to be scheduled. Diagnostic impression: status post posterior tibial tendon repair, status post ankle surgery (left ankle), status post tendon transfer, failed left ankle surgery. Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/21/14 denied the request for crutches, walking boot, and TENS unit. Regarding crutches, a post-operative evaluation has not been performed at this point, to show that the patient has significant ambulation difficulties to substantiate this request. Regarding walking boot, it is noted that the patient has used an ankle brace prior to surgery. The reason why this would not provide sufficient immobilization post surgery was not mentioned. Regarding TENS unit, it cannot be demonstrated that other conventional means of addressing post-operative pain has failed to necessitate the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches (purchase):

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition

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

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. However, in this case, it is noted that the patient has been ambulating with a cane. According to the records provided for review, the patient's left ankle surgery has been authorized, but yet to be scheduled. At this time, it is unclear what the patient's post-operative status is to establish the necessity of this request. Therefore, the request for Crutches (purchase) was not medically necessary.

Walking Boot (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition

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

Decision rationale: CA MTUS does not address this issue. ODG states that casts (immobilization) are not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. However, according to the records provided for review, the patient's left ankle surgery has been authorized, but yet to be scheduled. At this time, it is unclear what the patient's post-operative status is to establish the necessity of this request. Therefore, the request for Walking Boot (purchase) was not medically necessary.

TENS Unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, in this case, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for TENS Unit (purchase) was not medically necessary.