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| <b>Case Number:</b>   | CM14-0128356 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 08/29/2012 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 52 years old male with an injury date on 08/29/2012. Based on the 07/10/2014 progress report, the patient complains of painful right plantar fasciotomy scar and painful suspected left stump neuroma. Plantar tingling is noted with scar percussion but no pain on weight bearing. The 07/17/2014 report reveals a decreased to absent pinprick sensation at the tips of the left 2nd, 3rd, and 4th toes. Positive Mulder sign in the left 3rd intermetatarsal space is noted. The patient's diagnoses are recurrent Morton's neuroma, left foot and chronically painful plantar fasciotomy scar, Right heel with neuropraxia. The MRI 3T of the left lower extremity on 07/08/2014 indicated interdigital neuromas at 2nd and 3rd interspace, Freiberg's infraction involving the 2nd metatarsal head, and mild degenerate arthritis at the mid-foot and 1st metatarsophalangeal joint. There were no other significant findings noted on this report. The utilization review denied the request on 07/31/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/19/2014 to 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pair of crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Knee/leg chapter online for: Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** According to the 07/10/2014 report stated this patient presents with painful right plantar fasciotomy scar and painful suspected left stump neuroma. The treater is requesting a pair of crutches. The treater does not explain why crutches are needed. The patient is not post-op from recent. Regarding crutches, Official Disability Guidelines (ODG) guidelines states "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." Review of reports show that the patient Morton's neuroma on the left foot and painful plantar fasciotomy scar on the right foot causing impaired ambulation. However, the patient is able to weight-bear without pain. It is not known why a crutch is needed rather than a cane. Therefore, the request is not medically necessary.

**Cyro Ice Cooler with Pad:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines states "Recommended. Regular local application of cold packs is appropriate following acute injury for 24 to 48 hours and with continued swelling. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. (Colorado, 2001) Ice works better than heat to speed recovery. (Thompson, 2003) There is evidence that ice plus exercise is most effective after ankle sprain and pos

**Decision rationale:** According to the 07/10/2014 report, this patient presents with painful right plantar fasciotomy scar and painful suspected left stump neuroma. The treater is requesting Cryo Ice cooler with pad. Regarding cold pack, Official Disability Guidelines (ODG) guidelines states "Recommended. Regular local application of cold packs is appropriate following acute injury for 24 to 48 hours and with continued swelling. RICE (rest, ice, compression, elevation) is appropriate for first 24 hours for sprain/fracture. (Colorado, 2001) Ice works better than heat to speed recovery. (Thompson, 2003) There is evidence that ice plus exercise is most effective after ankle sprain and postsurgery. (Bleakley, 2004) See also Ice packs." Review of reports do not indicates that the patient has an acute injury and there no mention of swelling. There is no evidence that that patient had surgery recently. Therefore, this request is not medically necessary.

**Shower Protector:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee Chapter online for DME:

**Decision rationale:** According to the 07/10/2014 report, this patient presents with painful right plantar fasciotomy scar and painful suspected left stump neuroma. The treater is requesting a shower protector. Under durable medical equipment section in Official Disability Guidelines (ODG), durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested shower protector does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, this request is not medically necessary.