

Case Number:	CM14-0143570		
Date Assigned:	09/12/2014	Date of Injury:	06/29/2011
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 56 year-old male was reportedly injured on 6/29/2011. The mechanism of injury is noted as a large heavy metal piece crushed his right foot. The most recent progress note, dated 8/22/2014, indicates that there were ongoing complaints of back pain and right ankle pain. Physical examination demonstrated right ankle/foot decreased ROM; +TTP anterior and medial aspect; trace edema; no erythema; decreased strength and sensation in comparison to left foot; decreased lumbar ROM with flexion and extension; +TTP lumbar spine; unable to walk on toes; and heel walk with difficulty. An MRI of the right ankle dated 8/16/2014 showed extensive mid foot degenerative changes with cystic changes, edema and degenerative at the tarsal metatarsal articulation, particularly the 2nd - 4th metatarsals; moderate Achilles tendinosis with a partial tear distally and minimal retro calcaneal bursitis; mid-posterior calcaneal cystic changes and edema; and partial tear of the anterior talofibular ligament. An EMG dated 2/22/2014 was normal. Diagnosis: right foot pain after fracture. Previous treatment includes multiple injections, acupuncture, ultrasound treatment, heel cups, HEP, and medications. A request had been made for a paraffin bath for home use; right ankle arthro surgery with debridement, and decompression, which were denied in the utilization review on 8/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Hand and Wrist Chapter, Paraffin Bath

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.ncbi.nlm.nih.gov/pubmed/24550963. Pak J Med Sci. 2013 Nov; 29(6):1406-9: "To evaluate the efficacy of Mobilization Techniques in Post-Traumatic stiff ankle with and without Paraffin Wax Bath"

Decision rationale: MTUS, ACOEM and ODG do not address Paraffin bath for ankle and/or feet. A search of PubMed reveals support for Paraffin wax and the treatment of ankle pain to improve the symptoms and quality of life in post-traumatic stiff ankle patients when combined with joint mobilization techniques with physical therapy. Review of the available medical records, fails to document ongoing physical therapy which is required per the literature. As such, this request is not considered medically necessary.

Right ankle arthro surgery with debridement and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter, Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: MTUS/ACOEM practice guidelines recommend surgical repair of the ankle in select cases of chronic ankle instability, and do not recommend surgical repair for routine ligament tear associated with acute or sub-acute ankle sprain. Review of the available medical records documents an MRI of the ankle that demonstrates ligament tears and degenerative changes of the mid foot and ankle after a work-related injury in June 2011. Electrodiagnostic studies dated 2/22/2014 were normal. As such, an arthroscopic ankle decompression surgery is not supported by the guidelines and therefore is not considered medically necessary.