

Case Number:	CM14-0081265		
Date Assigned:	07/18/2014	Date of Injury:	12/30/2011
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 12/30/2011. While getting out of the car he apparently tripped on a cord causing bilateral lower extremity injury. After the injury patient suffered with bilateral lower extremity pain and instability. The physical exam by the podiatrist reveals lower extremity muscle strength rated at 4/5. Some lower extremity nurse to the foot demonstrate hypersensitivity, while the superficial and deep peroneal nerves demonstrate hypo-sensitivity. Pain is noted upon palpation to the tibial and fibular shafts bilaterally, Talo calcaneal joints, sinus tarsi, and peroneal muscles BL. Current treatments include acupuncture, physical therapy, chiropractic treatment, medication, and avoiding barefoot walking. Orthotic therapy was recommended as well. Electrodiagnostic studies performed May 8, 2014 reveal that current study demonstrates slight worsening of condition as compared to prior study in 2013. There appears to be L4-5, S1 nerve root irritation. No evidence of entrapment neuropathy or distal peripheral neuropathy bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for muscle testing.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 - 373, 377.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for the retro request for muscle testing was not medically reasonable or necessary at that time for this patient. The MTUS guidelines state that: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The progress notes enclosed did not advise of any "red flag findings" or conservative care that would necessitate a special study, such as muscle testing. Furthermore, The MTUS guidelines state that electrical study for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. The request is not medically necessary.

Retro request for Unna boot.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for retro request for an Unna boot was not medically reasonable or necessary for this patient at that time. MTUS guidelines state that: Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side or having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. The chart notes do not reveal that this patient needed to have his ankles immobilized with an Unna Boot, nor did they discuss any gentle exercises for the initial phase of this patient's recovery. The request is not medically necessary.

Retro request for strapping.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for retro request for strapping was not medically reasonable or necessary for this patient at that time. MTUS guidelines state that:

Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side or having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. The chart notes do not reveal that this patient needed to have his ankles immobilized with a strapping, nor did they discuss any gentle exercises for the initial phase of this patient's recovery. The request is not medically necessary.

Retro request for casting.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for retro request for casting was not medically reasonable or necessary for this patient at that time. MTUS guidelines state that: Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side or having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. The chart notes do not reveal that this patient needed to have his ankles immobilized with a cast, nor did they discuss any gentle exercises for the initial phase of this patient's recovery. The request is not medically necessary.

Retro request for injections under ultrasound guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the retro request for injections under ultrasound guidance was not medically reasonable or necessary for this patient at that time. The MTUS guidelines state that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The enclosed notes do not advise that this patient is suffering with plantar fasciitis or Morton's neuroma, therefore an injection is not medically necessary.