

Case Number:	CM14-0093926		
Date Assigned:	07/25/2014	Date of Injury:	07/21/2006
Decision Date:	10/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation 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 injured worker is a 63-year-old male with a reported date of injury on 07/21/2006. The injury reportedly occurred when the injured worker stepped off a step thinking it was the bottom of the staircase and twisted his right ankle on the other 3 steps. His diagnoses were noted to include right lower extremity chronic pain, tarsal tunnel syndrome to the right lower extremity, posterior tibial tendonitis, and plantar fasciitis. His previous treatments were noted to include physical therapy, elevation, and bracing. The progress note dated 05/22/2014 revealed complaints of pain and swelling to the left foot and ankle. The injured worker indicated he felt very unsteady when he walked with pain upon each step. The injured worker indicated he had been trying to rest and elevated his ankle and had been walking less. The physical examination of the left foot and ankle revealed persistent edema and pain upon palpation of the tarsal tunnel area and dorsal midfoot, and lateral aspect of the ankle. The provider indicated the ultrasound results revealed no DVT, and the MRI revealed peroneal tenosynovitis and peritendinitis, was present with mild to moderate intrasubstance partial split tearing of the peroneus brevis tendon at the lateral malleolus, without rupture. The provider indicated that pain, peroneus brevis mild to moderate intrasubstance partial tearing with peroneal tenosynovitis and peritendinitis, posterior to the tibialis mild chronic tendinopathy, peritendinitis, and tenosynovitis, Achilles chronic tendinopathy with mild intrasubstance partial tearing and edema. The provider dispensed a Bioskin ankle brace to the injured worker and the injured worker reported his ankle felt much better in the brace. The Request for Authorization form dated 12/20/2014 was for an ankle brace for stability and laser treatment; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The request for a Left foot brace is not medically necessary. The injured worker complained of pain and instability to the left ankle. The CA MTUS/ACOEM Guidelines state that putting joints at rest in a brace or splint should be for the shortest time possible. If the nature of the injury does not prohibit them, gentle range of motion exercises several times a day within limits of pain is better than complete immobilization. There is a lack of documentation regarding ankle instability to warrant an ankle brace. The guidelines recommend an ankle brace for the shortest time possible. Therefore, the request is not medically necessary.

Laser treatment times seven to left foot ankle.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-level laser therapy Page(s): 57.

Decision rationale: The request for Laser treatment times seven to left foot ankle is not medically necessary. The injured worker complains of instability and pain to the left ankle. The California Chronic Pain Medical Treatment Guidelines do not recommend laser therapy. There has been interest in using low level lasers as a conservative option to treat pain. Low level lasers, also known as "cold lasers" and non-thermal lasers refer to the use of a red beam or near infrared lasers with a wavelength between 600 and 1000 NM and wattage from 5 to 500 milliwatts. One low level laser device has received clearance for marketing from the US Food and Drug Administration specifically for the treatment of carpal tunnel syndrome. Other protocols have used a low level laser energy applied to acupuncture points on the finger and hand. The guidelines do not recommend laser treatment for utilization, and therefore, it is not appropriate at this time. As such, the request is not medically necessary.