MAXIMUS Federal Services

Case Number:	CM14-0211407		
Date Assigned:	12/24/2014	Date of Injury:	12/04/2013
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with a history of ankle and foot complaints. Date of injury was December 4, 2013. The doctor's first report of occupational injury dated 07/18/14 notes that the patient complains of right heal and foot pain. The patient has previously received a course of physical therapy with relief. The patient has also received three cortisone Injections between April and May 2014 due to persistent heel pain. The first injection provided some improvement, but the patient noted increased pain and swelling after the second and third injections. The patient received a custom foot orthotic on 06/24/14 and is currently wearing the foot orthotics four hours a day. The patient continued to perform regular duties despite ongoing pain and discomfort. Examination of the right ankle foot reveals pes planus and slight ankle hyperpronation bilaterally. There is tenderness to palpation over the heel pad, Achilles tendon, and plantar fascia. There Is no laxity with anterior drawer test. The patient ambulates with limp favoring the right lower extremity. Radiographs of the right foot and ankle obtained on July 2014 revealed small calcification at the Achilles tendon insertion, small plantar calcaneal spur, and an accessory bone. The patient is advised to continue the use of foot orthotics. The provider recommended heel cups, acupuncture, and ultrasound study of the right foot and ankle. The progress report dated 11/13/14 notes that the patient complains of increased pain and swelling about the right ankle. The symptoms are described as moderate to severe in intensity, frequent, sharp, burning, cramping, weakness, aching, and soreness. Examination of the right foot reveals tenderness to palpation at the lateral malleolus, plantar fascia, heel pad, and Achilles tendon. Moderate swelling Is noted. The patient ambulates with limp favoring the right lower extremity.

Decreased sensation is noted at the right L4-S1 dermatome distribution. Treatment recommendations included packs, acupuncture, home exercise, bracing, and medications. Utilization review determination date was November 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice packs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (Page 376) Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints indicates that regarding physical treatment methods, for acute injuries, at-home ice applications are recommended. Passive physical therapy modalities, except as initial aid prior to home exercises, are not recommended.Medical records document a date of injury of December 4, 2013. The ankle and foot conditions are not acute. ACOEM ice applications are for the initial aid of acute injuries. For non-acute conditions, ACOEM indicates that passive physical therapy modalities, such as cold therapy, are not recommended. The request for ice packs is not supported by ACOEM guidelines.Therefore, the request for Ice packsis not medically necessary.

Ultram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. Medical records document objective findings on physical examination. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol).Therefore, the request for Ultramis medically necessary.

Anaprox: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for ankle and foot conditions.Medical records document objective findings on physical examination. ACOEM guidelines support the use of Anaprox, which is an NSAID, for ankle and foot conditions.Therefore, the request for Anaproxis medically necessary.

Right moonboot: 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-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME); Moon-Boot.com http://www.moon-boot.com/en

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (Page 376) Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints indicates that for appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator are recommended. Official Disability Guidelines (ODG) state that durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury.Moon Boot is Italian fashion footwear. Moon Boot is not primarily and customarily used to serve a medical purpose, and generally is useful to a person in the absence of injury. Therefore, Moon Boot does not meet the ODG definition of durable medical equipment (DME). ODG guidelines do not support the medical necessity of Moon Boot.Therefore, the request for Right moonboot is not medically necessary.