MAXIMUS Federal Services

Case Number:	CM15-0110036		
Date Assigned:	06/16/2015	Date of Injury:	07/31/2008
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Preventive Medicine, Occupational 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 injured worker is a 56 year old male, who sustained an industrial injury on July 31, 2008, incurring injuries to both feet after a crush injury when an 1100 pound transformer fell onto the right ankle. He was diagnosed with tarsal tunnel syndrome, and fracture of the right foot. In 2008, he underwent an open reduction and internal fixation of the right fractured foot. Treatment included steroid injections, orthotics, surgical fusion, neuropathic medications, pain medications, nerve blocks and work restrictions. Currently, the injured worker complained of ongoing right lower extremity pain with numbness, tingling and hypersensitivity. He was diagnosed with chronic regional pain syndrome. The treatment plan that was requested for authorization included sclerosing injections to each tarsal tunnel of the right foot and ankle, custom casted orthotics for his feet and Jublia nail solution, one year supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sclerosing injections every two weeks to each tarsal tunnel, right foot/ankle QTY: 5:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 03/26/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aapsm.org/sinus_tarsi_syndrome.htmlOfficial Disability Guidelines Foot and Ankle - Sclerosing injections.

Decision rationale: MTUS Guidelines do not directly address this issue. ODG Guidelines and standard references do not support sclerosing injections for the diagnosis of Sinus Tarsi. Standard treatment recommendations recommend conservative care to include stabilizing the gait pattern which has not been trailed and is part of the request for orthotics. Under these circumstances, the Sclerosing injections every two weeks to each tarsal tunnel, right foot/ankle QTY: 5 is not supported by Guidelines and is not medically necessary.

Custom casted orthotics bilateral feet: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and Ankle - orthotics.

Decision rationale: MTUS Guidelines does not address this specific issue. ODG Guidelines address the issue of orthotics and recommend pre-fabricated orthotics for common foot conditions (metatarsalgia/plantar facitiis). The Guidelines acknowledge a need for custom orthotics for circumstances where the bony structure is altered and there are gait disturbances. This individual meets these criteria. The request for Custom casted orthotics bilateral feet is supported by Guidelines and is medically necessary.

Jublia nail solution, 1 year supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/24850511 Elfinaconazole (Jublia_ for the treatment of onychomycosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.jubliarx.com/.

Decision rationale: MTUS Guidelines do not address this issue. Recalcitrant nail fungus is well documented and this is a standard FDA approved method of treatment. IME recommendations do not address the issue of causation. For the diagnosis of nail fungus, the Jublia nail solution 1 year supply is medically necessary and appropriate.