

<b>Case Number:</b>	CM15-0116272		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male who sustained an industrial injury on 12/20/2013 when he slipped on an icy roof, fell landing on his feet and then fell backwards. The injured worker was diagnosed with joint pain at the ankle, foot and lower leg. The injured worker is status post knee arthroscopy with partial meniscectomy on September 23, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, chiropractic therapy, assistive support and medications. According to the primary treating physician's progress report on April 28, 2015, the injured worker continues to experience left lower extremity and left knee pain. The injured worker rates his pain level at 5/10. Examination of the left knee demonstrated tenderness to palpation over the quadriceps tendon. Range of motion was restricted by pain to flexion to 100 degrees. The left ankle was tender over the medial dorsal aspect of the foot with non-painful range of motion in all planes. There was decreased motor strength (4/5) of the left knee flexor, extensors, flexor hallucis longus and extensor hallucis longus. Hyperesthesia was present over the medial and lateral calf on the left. The injured worker wears a boot over his left foot and lower leg. Current medications are listed as Norco 5/325mg, Naproxen and Pantoprazole. Treatment plan consists of psychological evaluation and the current request for an orthopedic consultation for second opinion on left ankle and two Kinesio tapes (one for each ankle).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 orthopedic consultation for second opinion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-5.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** According to ODG guidelines, ankle and foot surgery. "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas." There is no documentation that that the patient is candidate for surgery as mentioned above and need an orthopedic evaluation. Therefore, the request for 1 orthopedic consultation for second opinion is not medically necessary.

**2 Kinesio tapes 1 for the left knee and 1 for the ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic) - Kinesio tape.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kinesio tape (KT). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Kinesio tape "Not recommended. The efficacy of kinesio tape in preventing ankle sprains is unlikely as it had no effect on muscle activation of the fibularis longus, and kinesio tape had no significant effect on mean or maximum muscle activity compared to no tape. (Briem, 2011)." The patient developed foot and knee pain. Based on the above ODG statement, the request for 2 Kinesio tapes 1 for the left knee and 1 for the ankle is not medically necessary.