

Case Number:	CM15-0064239		
Date Assigned:	04/10/2015	Date of Injury:	02/10/2010
Decision Date:	06/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who sustained an industrial injury on 2/10/10. The injured worker was reportedly stepping off of a bus when he suffered an inversion injury to the right ankle. The injured worker was diagnosed as having right ankle sprain/strain, tenosynovitis of peroneal longus and brevis tendon, compensatory ambulation and gait with us of the left lower extremity and plantar fasciitis due to painful gait. Treatments to date have included injections, acupuncture, TENS therapy, physical therapy, right ankle surgery, nonsteroidal anti-inflammatory drugs and oral pain medication. The injured worker presented on 03/04/2015 for a podiatric re-evaluation. The injured worker reported significant symptoms involving the right ankle. Upon examination, there was pain to palpation over the lateral ligaments, pain over the ATF and CFL ligaments, severely painful and positive talar tilt sign, an inability to perform toe walking or toe standing, an inability to perform single limb weightbearing on the right without assistance, limited range of motion, excessive instability of the right ankle, subluxation of the subtalar joint on inversion or stress, and a positive anterior drawer sign. X-rays demonstrated no arthritic changes. Treatment recommendations at that time included surgical intervention in the sense of stabilization and repair of the lateral ligament. Postoperative durable medical equipment was recommended at that time. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cam walker boot purchase: Upheld

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): 371-372.

Decision rationale: California MTUS/ACOEM Practice Guidelines state careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Placing a joint at rest in a brace or splint should be for as short of a time as possible. Gentle exercise is recommended. In this case, the injured worker was pending authorization for a surgical intervention for the right ankle. The guidelines do not recommend long term immobilization. In addition, there is an absence of a clearly unstable joint or severe ankle sprain to support the necessity for the requested durable medical equipment. Given the above, the request is not medically appropriate.

Thirty day rental of a knee walker: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state a walking aid is recommended as indicated. In this case, it is noted that the injured worker is pending authorization for a right ankle surgical intervention. However, the guidelines also state disability, pain, and age related impairments determine the need for a walking aid. There was no documentation of clear instability of the joint or a severe ankle sprain. The medical necessity for the requested durable medical equipment has not been established in this case. Therefore, the request is not medically appropriate.

Fourteen day rental of continuous passive motion (CPM) machine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines recommend a continuous passive motion device in the acute hospital setting, postoperatively for up to 21 days following a total knee arthroplasty, ACL reconstruction, or ORIF of the tibial plateau or distal femur fracture. There are no guideline recommendations for continuous passive motion device with regard to the ankle. Given the above, the request is not medically necessary.

Fourteen day rental of an interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 - 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. There is no documentation of a failure to respond to more traditional conservative management to include TENS therapy. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.