

Case Number:	CM14-0141108		
Date Assigned:	09/10/2014	Date of Injury:	08/27/2008
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine, 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 58 year old female with a reported date of injury on August 27, 2008. The mechanism of injury is described as stepping in a hole and twisting the right ankle. The diagnosis was chronic ankle instability. The MRI of the right ankle dated June 03, 2014, noted remote sprain of the anterior talofibular ligament, soft tissue edema, and bony ossicle adjacent to the medial malleolus which may represent an accessory bone ossicle or due to the remote trauma of the injury event. An MRI reviewed by a treating physician on July 14, 2014 revealed that a previous surgical repair of the right ankle had failed. On the July 14, 2014 visit, the injured worker reported a fall resulting from ankle instability. The injured worker was documented as being unresponsive to medicine, therapy, bracing, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Surgical Assistant (Electrically sited)

Decision rationale: The patient's previous failed surgery has made the current surgery complicated and there are multiple deficits to address. As such, the requirement for a surgical assistant is appropriate and is medically necessary.

Right 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), Ankle chapter: Rolling Ankle Walker

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

Decision rationale: Rolling knee walkers are necessary only if the patient has only one arm or significant disuse of upper extremities. This situation does not apply to the patient in question and therefore, using a standard crutch or cane should be adequate. The request for walker is not medically necessary.

Interferential (IF) Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Interferential Current therapy

Decision rationale: As indicated in the UR and the applicable cited guidelines, Interferential therapy has minimal evidence to support its use in painful conditions or conditions requiring wound healing. Therefore, the request is not medically necessary.

Shower Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthotic Devices

Decision rationale: The reviewer agrees with the Utilization review that a simple home fabricated contraption consisting of a plastic bag tied around the surgical site with rubber bands will work for the relatively small area of the surgical incision. Therefore, expensive durable medical equipment such as a shower boot is not medically necessary.

Hot/Cold Therapy: 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 chapter: Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Pain, Heat and Cold therapy

Decision rationale: Cold therapy has been shown to improve swelling and decrease pain, as cited in the guidelines. However, heat therapy has no benefit on swelling at all. Therefore, this request is not medically necessary.