

Case Number:	CM13-0033576		
Date Assigned:	01/15/2014	Date of Injury:	02/22/2011
Decision Date:	05/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 Podiatric Surgery, and is licensed to practice in New York. 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:

According to the enclosed information this pt injured his foot and ankle on 2/22/2011. Pt underwent a tarsometatarsal midfoot amputation due to the trauma. On March 7, 2013 this patient was evaluated by an orthopedic surgeon. Amongst numerous other complaints was a painful left foot and ankle. The patient states that the foot and ankle pain is noted at all times, and there is weakness and numbness to the left foot. He is currently wearing an older walking boot. After the most recent surgery, he notes that his foot is tilted in varus, and notes that most of the pain is to the medial aspect of the midfoot and his heel. Custom shoes and an AFO are being worn by this patient currently. Physical exam reveals tarsometatarsal midfoot amputation left side. Diffuse tenderness is noted over the medial aspect of the left heel and midfoot. Range of motion to the left foot and ankle joints is dramatically reduce. Weakness of dorsiflexion and plantar flexion is noted to the left ankle joint. Antalgic gait was noted left side. Diagnoses included status post traumatic amputation left midfoot, status post multiple foot surgeries left side. Future medical treatment may include orthopedic follow-up, possible additional surgery, and the possible need for periodic replacement of foot braces. On April 15, 2013 the patient presented for further evaluation, noting pain to the left stump area. Patient was noted to have pain to this area with an altered gait and a significant callus to the stump area medially. Diagnoses include metatarsal amputation, neuropathic pain, back pain, limb length discrepancy, possible nerve damage to the posterior tibial nerve in the tarsal tunnel, status post left Achilles tendon lengthening, and adjustment disorder. He is currently wearing a sock underneath his AFO which helps a little. The callus was removed and patient was referred to [REDACTED] for evaluation of prosthesis. A progress note dated July 3, 2013 states that poor structure of the current AFO brace is causing poor placement. The physician goes on to state that this patient will need a prosthetic evaluation. Finally, there is a progress note which I believe is dated September

9, 2013 which states that patient is currently wearing a left prosthetic device with multiple pressure spots to the lateral epicondyle. The recommendation at this visit was for patient to obtain a left ankle light weight prosthetic device as his current device is poorly fitted causing pressure spots. There is also an annotation which reads "will need carbon fiber fitting."

IMR ISSUES, DECISIONS AND RATIONALES

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

LIGHT WEIGHT PROSTHETIC DEVICE FOR LEFT ANKLE: Overturned

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 American College Of Occupational And Environmental Medicine (Acoem), 2nd Edition, (2004), Chapter 6, pg 106, and Official Disability Guidelines (ODG), Prosthesis section.

Decision rationale: After careful review of the enclosed information and the MTUS and ODG guidelines pertinent in this case, request for a light weight prosthetic for this patient's left ankle is medically reasonable and necessary at this time. This patient has undergone a traumatic forefoot amputation left side and has undergone multiple surgical procedures to allow him to ambulate. Unfortunately patient has suffered significant pain and the inability to ambulate comfortably, and the inability to work comfortably due to this unfortunate accident. Patient has been evaluated numerous times by numerous physicians. He has been using walking boots, a cane, and has taken medication for his painful left foot. These have not alleviated his current pain. Patient is also worn what now appears to be an ill fitting prosthetic is causing more pain to his foot. Patient has finally received a recommendation of a light weight prosthetic for his left ankle. ODG states that prostheses are recommended for a missing body part if it will help a patient reach and/or maintain a defined functional state, patient is motivated to ambulate, and the prosthesis is furnished incident to a physician's order. In this particular case all of the above mentioned guidelines have been met. ACOEM guidelines state that a patient should be allowed the ability to have restoration of function. Finally, ACOEM guidelines also state that pain management focuses on functional restoration. Because return to function is essential to a return to health, occupational health professionals are concerned with return to function.