MAXIMUS Federal Services

Case Number:	CM13-0037919		
Date Assigned:	12/18/2013	Date of Injury:	08/08/2012
Decision Date:	06/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 48 year old male with an industrial injury date of 8/8/2012. Diagnoses include poorly controlled diabetes mellitus, and bimalleolar fracture of the right ankle with widening of the ankle joint mortise. The ankle fractures were repaired with open reduction and internal fixation. Subjective complaints are of increased right foot pain and deformity. Physical exam shows bowing of the distal tibia, pain on palpation, and limited range of motion. Medical records from 7/15/2013 states the patient has now developed a non-union of the ankle fracture versus a Charcot arthropathy. The ankle orthopedic specialist recommends non-operative treatment of the patient and use of a special custom made "CROW Boot" in order to reduce the risk of developing ulcerations of the skin due to his poorly controlled diabetes mellitus / peripheral neuropathy and to unload the previous surgical hardware/screws in the fractured ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CROW BOOT: 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 Official Disability Guidelines (ODG), and Up-to-Date, section on Diabetic Neuropathic Arthropathy

Decision rationale: The ODG recommends bracing and orthotics for the treatment of Charcot arthropathy. Treatment should be focused on providing a stable and plantigrade foot for functional ambulation. Furthermore, in Up-to-Date, an evidence based and physician authored clinical decision support resource, an article on Diabetic Neuropathic Arthropathy states that a number of offloading modalities can be used, and includes the Charcot restraint orthotic walker (CROW). For this patient, the rationale for using the CROW boot is supported by guideline recommendations, and is therefore medically necessary and appropriate.