

Case Number:	CM13-0043368		
Date Assigned:	03/28/2014	Date of Injury:	06/15/2006
Decision Date:	04/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 35 year old male who was injured on 06/15/2006. He fell from a height of 8-10 feet while hanging sheetrock. He injured both lower legs, low back and he has mental issues. Prior treatment history has included left lumbar sympathetic block, orthotics, and physical therapy; TENS unit, and a right knee injection. His past medications were Norco, Valium, Gabapentin, and Paxil. The patient underwent six previous surgeries to his left ankle. He had suffered an infection to the left lower extremity. PR2 dated 01/10/2014 indicated the patient has completed his lumbar sympathetic block on 10/18/2013. He has greater than 50% relief of his left foot and ankle pain. We have provided the patient with a cam walker at the last visit to support his left ankle. We provided him a walker because he stated in the past that the cam walker helped alleviate his pain. He uses the cam walker only intermittently. Objective findings on exam revealed multiple incisions to the ankle and foot from previous surgeries. He has complete fusion of the talotibial joint. To light touch, he has exquisite pain at the anteromedial aspect of the lower leg and the dorsal aspect of the foot. The skin is slightly cooler compared to the contra lateral. The hair is present and the skin color is normal. On examination of his left foot, he continues to have hammertoes at the second, third and fourth digits at the great toe, at the medial and lateral nail borders, there is redness with tenderness. There is no evidence of infection. At the distal end of the nail bed, the skin is slightly overgrowing the nail but very minimally. There is no evidence of infection in that area ether. There is a left leg length discrepancy of 1 cm length. The patient is diagnosed with 1) Left foot and ankle causalgia; 2) Left ankle pain; 3) Left ankle arthritis; 4) Lumbago; and 5) Right knee pain. The patient was recommended to hold off on any further surgery to the foot for now and he was given a cam walker. The patient requires the second pair of shoes with a 3-inch lift on the left for a more active work. The patient also requires new pair of orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT PURCHASE: CAM WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Ankle, Cam Walker, Cast (immobilization).

Decision rationale: The 1/10/2014 medical report states the patient was provided a cam walker because he stated that in the past the cam walker helped alleviate his pain. The medical records do not indicate what happened to the previous cam walker he used. Regardless, a cam walker is considered a medically necessary device when the patient requires use of the device on a continuous basis when ambulating. A cam walker is a brand of removable cast. The guidelines state a cast is a device that is not recommended in the absence of a clearly unstable joint or severe ankle sprain. This patient is more than 7 years post date of injury; he has complete fusion of the talotibial joint, and no ankle sprain. He reports only using a cam walker intermittently. He is apparently able to safely and comfortably ambulate without use of a cam walker. A cam walker is not appropriate or medically necessary for this patient. Consequently, the request is not certified.