

Case Number:	CM13-0065308		
Date Assigned:	03/03/2014	Date of Injury:	09/01/2011
Decision Date:	09/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Pain Medicine, Anesthesiology and is licensed to practice in Connecticut. 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:

Upon careful review of the medical records provided, this is a 56 year old female with left foot pain. Date of injury is 9/1/11 and the mechanism of injury is impact injury involving a heavy pallet jack leading to injury to the left foot first digit as well as low back pain. At the time of request for Dynasplint flexion and extension 120 x 4 months, there is documentation of subjective (left foot/toe pain), objective (edema over the dorsum right and left first metatarsophalangeal joints, palpable osteophytes, pain on range of motion left first metatarsophalangeal joint, pain on palpation over sesamoid, pain on range of motion of the left great toe joint), imaging findings (no films report included but mentioned in progress notes x-ray findings of osseous irregularity of sesamoid bones left foot consistent with old fracture, an MRI foot was completed on 6/18/13 and was reviewed report not included but noted in progress report MRI showed plantar plate tear at first metatarsophalangeal joint and degenerative change fibular sesamoid), diagnoses (Sesamoid fracture left foot, sesamoiditis left foot, chronic pain left foot) and diagnostic/therapeutic treatment to date (physical therapy, orthotics). As there appears to be ongoing pain associated with plantar plate injury, immobilization of the foot along with a structured physical rehabilitation program seems appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Dynasplint Flexion and Extention 120(4months) for left foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VANORE, JV, et al, CLINICAL PRACTICE GUIDELINES: DIAGNOSIS AND TREATMENT OF FIRST METATARSOPHALANGEAL JOINT DISORDERS, SECTION 1: HALLUX VALCUS, J FOOT ANKLE SURG, 42: 112-123, 2006.

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

Decision rationale: Per ODG guidelines as stated "Grade 3 injuries usually require long-term immobilization in a boot or cast rather than surgical intervention." The dynasplint is therefore medically necessary for conservative treatment of a plantar plate fracture injury.