

Case Number:	CM13-0070848		
Date Assigned:	01/08/2014	Date of Injury:	02/22/2013
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 and is licensed to practice in Illinois. 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 a 60-year-old female who reported an injury on 02/22/2013 secondary to a fall. Current diagnoses include left anterior process calcaneus fracture, left hindfoot pain, and difficulty walking. The injured worker was evaluated on 12/12/2013. The injured worker currently utilizes a light foot walker. Physical examination revealed tenderness over the anterior process of the calcaneus on the left, sinus tarsi region, talonavicular joint, and sustentaculum tali. The injured worker refused x-rays in the office on that date. Treatment recommendations included an Arizona fabricated brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

FABRICATION OF AN ARIZONA BRACE FOR LEFT HINDFOOT FRACTURE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Harris J (ED), Occupational Medicine Practice Guidelines, 2nd Edition (2004) ,

Decision rationale: California MTUS/ACOEM Practice Guidelines recommend temporary splinting or casting for a toe fracture. Patients may be advised to do early passive range of motion exercises. Elevation and a brief period of non-weightbearing may be effective for pain management and resolution of swelling. Night splints, as part of a treatment regimen that may include stretching, range of motion exercises, and nonsteroidal anti-inflammatory drugs may be effective in treating plantar fasciitis. Rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation. There is no objective evidence of significant instability that would warrant the need for a fabricated brace. It was also noted on 11/26/2013, the injured worker's previous hindfoot fracture is completely healed. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for Fabrication of an Arizona Brace is not medically necessary.