

Case Number:	CM14-0010207		
Date Assigned:	02/21/2014	Date of Injury:	11/04/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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:

After careful review of the enclosed information it appears that this patient suffered an injury to his left foot on 11/4/2013. He sustained fractures (confirmed on x-ray) of the first, second, and third digits with a laceration overlying his second digit left side. The patient's treatment included immobilization, strapping of digital areas, crutches, oral antibiotics, CAM walking boot, pain medication, and soft BK casting with special material. The patient advises slow healing but some progression. The patient continues to have neuropathic symptoms which he believes may be caused by the crush injury. Continuation of edema to the foot is noted with palpable pain to the anterior medial and anterior lateral ankle joint, subtalar joint, midtarsal joint, tarsal metatarsal joint, and first MPJ. Cast immobilization was recommended. On 12/20/2013 it was noted that pain and swelling had decreased significantly to the left foot. Numbness is still noted to the fracture area with significant separation of fracture fragments distal phalanx first second and third digits left side. Amongst other treatments, a soft BK cast was applied with special cast materials. Physical exam this day reveals pain upon palpation to the anterior medial and anterior lateral ankle joint, subtalar joint, midtarsal joint, tarsal metatarsal joint first MPJ and digits. Extensor and flexor tendons are noted to be functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT BELOW THE KNEE CAST FOR DOS: 12/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is found that the BK cast for the date 12/20/2013 was not reasonable or medically necessary for this patient at that time. ODG guidelines state that cast immobilization is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be a favorable strategy for treating acute ankle sprains when compared with immobilization. The progress note dated 12/20/2013 is very complete with both subjective complaints and a good physical exam. There is no documentation, however, of an unstable joint or a severe ankle sprain. Therefore, the request for the cast is not medically necessary.