

Case Number:	CM14-0012412		
Date Assigned:	02/21/2014	Date of Injury:	09/17/2007
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 50-year-old male with a 9/17/07 date of injury. At the time (1/16/14) of the request for authorization for one fracture boot to left foot and ankle, there is documentation of subjective (pain is worse) and objective (positive range of motion subtalar joint/midtarsal joint) findings, current diagnoses (degenerative joint disease), and treatment to date (medication). There is no documentation of a clearly unstable joint, severe ankle sprain, or low-risk ankle fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FRACTURE BOOT TO LEFT FOOT AND ANKLE: 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) Ankle and Foot Chapter,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Cast (immobilization)

Decision rationale: MTUS reference to ACOEM identifies documentation of an acute injury, as criteria necessary to support the medical necessity of immobilization of the ankle. ODG

identifies documentation of a clearly unstable joint, severe ankle sprain, or low-risk ankle fractures, as criteria necessary to support the medical necessity of a cast/boot/immobilization. Within the medical information available for review, there is documentation of a diagnosis of degenerative joint disease. However, there is no documentation of a clearly unstable joint, severe ankle sprain, or low-risk ankle fractures. Therefore, based on guidelines and a review of the evidence, the request for one fracture boot to left foot and ankle is not medically necessary.