

<b>Case Number:</b>	CM14-0018149		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine, 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 34-year-old who was injured on November 9, 2012 as he fell off a ladder to the ground. He landed on his feet and has severe left heel and ankle pain. The patient underwent open reduction and internal fixation of the left calcaneal fracture on December 6, 2012; removal of previous hardware and arthrodesis of calcaneal cuboid and arthrodesis of subtalar joint on November 21, 2013. Diagnostic studies reviewed include CT of the left foot without contrast dated June 10, 2013 revealed no evidence of endosteal callus formation but some of the fracture lines are still evident. There was no acute fracture or dislocation seen. There were degenerative changes noted along the lateral aspect of the calcaneal joint. Diffuse osteopenia is present. X-ray of the left foot, complete (3 views) dated January 31, 2013 revealed mild hallux valgus deformity and mild hammertoe deformity of the second through the fifth toes. Progress report dated November 21, 2013 indicates the patient complained of mild pain and mild nausea as he was post-op foot surgery. He is in for pain management. On exam, he ambulated with crutches. He had no signs of infection. Diagnosis is open reduction internal fracture without internal fixation, abnormality of gait, and lumbar sprain/strain. Prior utilization review dated January 15, 2014 states the request for 1 weight-bearing program between December of 2012 and February 28, 2014 was not certified as there was a lack of scientific evidence to support the use of weight-bearing program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight-bearing Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Partial weight bearing after surgery for fractures of the lower extremity - is it achievable Attila Vasarhelyia, Tobias Baumerta, Christoph Fritschb, Werner Hopfenmu llerc, Georg Gradla, Thomas Mittlmeiera; Accepted 11 December 2004 [www.elsevier.com/locate/gaitpost](http://www.elsevier.com/locate/gaitpost).

**Decision rationale:** CA MTUS and ODG do not discuss the issue in dispute. This is a request for a weight-bearing program for a 34-year-old male who fell off a ladder on November 9, 2012 suffering a left calcaneus fracture. Open reduction and internal fixation was done on December 6, 2012. A second surgery was performed on November 21, 2013, specifically arthrodesis of the subtalar and calcaneocuboid joint. Nine aquatic physical therapy sessions were approved post-operatively and were yet to be completed. However, the nature of the weight-bearing program is not clear from the available records. No specific rationale is provided. It is not clear what advantage a weight-bearing program has over traditional physical therapy. The request for a weight-bearing program is not medically necessary or appropriate.