MAXIMUS Federal Services

Case Number:	CM14-0019655		
Date Assigned:	04/28/2014	Date of Injury:	04/30/2013
Decision Date:	07/25/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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:

According to the enclosed information, this patient injured his bilateral heels on two different occasions. The first occasion occurred on September 9, 2011 in which he injured the posterior heels during arrest training. The second incident occurred on April 30, 2013 in which he re-injured the posterior heels after pushing a cart. He noted sharp pains to the posterior heels bilaterally, left greater than right. After the incident, ambulation was very difficult due to the pain. MRI evaluation reveals retro calcaneal bursitis and inflammation surrounding the Achilles tendon. Mild thickening of the Achilles tendon is likely reactive to the adjacent bursitis. A diagnosis of significant retro calcaneal bursitis consistent with Haglund's deformity is noted. Because patient has failed conservative treatments, a decision to excise the Haglund's was made by physician and patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE - PNEUMATIC COMPRESSION DEVICE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Page 376 (table 14-6) of the ACOEM/MTUS guidelines states that using pneumatic or pulse devices to reduce swelling is an optional recommendation for managing foot complaints. The pneumatic device was recommended for this patient post surgery in order to manage post operative edema. Since surgical excision of this patient's Haglunds deformity is now recommended, the pneumatic device to reduce the post operative swelling would be needed or recommended. As such, the request is medically necessary.