MAXIMUS Federal Services

Case Number:	CM14-0150265		
Date Assigned:	09/18/2014	Date of Injury:	10/15/2001
Decision Date:	12/31/2014	UR Denial Date:	08/24/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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:

This 52 year old female was an office manager/executive secretary when he/she sustained an injury on 10/15/2014. The injured worker slipped on oil and water on cement in a parking lot. She fell and heard a loud snap when her right leg twisted underneath her. The diagnoses and results of the injury included a comminuted fracture of the distal tibia/fibula with displacement and laceration. Other diagnoses were heart murmur, headaches, allergies, depression, dizziness and rare shortness of breath. Prior treatment included closed reduction of the bones, serial casting with progression to a cam walker, physical therapy, bedrest with progressive mobilization from a wheelchair to crutches, and pain and anti-inflammatory medications. In September 2013, a computed tomography (CT) of the right lower leg and ankle revealed fusion of the tibia/fibula fractures and deteriorative cystic changes. Work status was described as temporarily totally disabled. Recent signs and symptoms included right thigh and leg pain with severe right foot pain and difficulty walking. On 08/01/2014 and 08/25/2014, the primary treating physician's physical exam revealed right plantar fascia tenderness, antalgic gait, and full range of motion of the right hip, knee, and ankle. Diagnoses included healed tibia/fibula fractures, right plantar fasciitis, right knee and ankle strain, and cervical/thoracic/lumbar strain. The physician recommended plantar fascia night splinting, a short leg cam walker, and continued oral pain and anti-inflammatory medications. The injured worker's current work status was not in the provided medical records.On 08/24/2014, a request for 1 right short leg cam walker was non-certified by Utilization Review. The short leg cam walker was non-certified based on no evidence that the injured worker had of a clearly unstable joint or severe sprain, and the Official Disability Guidelines (ODG), Cast (immobilization) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right short leg cam walker: 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)

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: Maughan KL, et al. Ankle sprain. Topic 189, version 20.0. UpToDate, accessed 12/26/2014. Buchbinder R, et al. Plantar fasciitis. Topic 762, version 18.0. UpToDate, accessed 12/26/2014.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A short leg CAM (Controlled Ankle Movement) walker boot is a type of supportive brace that limits the ankle's ability to move. The submitted and reviewed records concluded the worker was suffering from healed tibia/fibula fractures, right plantar fasciitis, right knee and ankle strain, and cervical/thoracic/lumbar strain. The documentation did not include a discussion detailing the reason the CAM boot was requested. These braces do not have a role in plantar fasciitis. While there is some research to support this treatment in the setting of ankle joint instability and/or early in the treatment of ankle sprains, the reviewed records did not sufficiently demonstrate either of these clinical situations was occurring. In the absence of such evidence, the current request for a right short leg CAM walker is not medically necessary.