

<b>Case Number:</b>	CM14-0152293		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal 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:

Pursuant to the progress note dated August 12, 2014, for hypertrophic scar, hammertoes, lymphedema, and strain of the knee. The IW still complains of numbness and tingling in the second and third digits. He has had a prior osteotomy of the third digit proximal phalanx and second metatarsal head on the left on December 6, 2013. It is noted that the IW has thickened hypertrophic scar at the base of his second and third digits on the left post surgery and the doctor has recommended K-Laser treatment. Physical examination revealed positive Thompson test, which indicated that Achilles tendon is intact. Medications were not discussed. The provider is recommending a diagnostic ultrasound of the left gastrocnemius to rule out partial tear, and right gastrocnemius diagnostic ultrasound for comparison of thickness of apponeurosis. He also recommended a Cam boot to the left to rest the gastrocnemius muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: cam boot left:** 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 Official Disability Guidelines (ODG); Pain, Walking Aids, DME

**Decision rationale:** Pursuant to the Official Disability Guidelines, the cam boot (DME) left lower extremity is not medically necessary. Disability, pain and age-related impairments seem to determine the need for a walking aid. A cam Walker is a boot like device that offers immobilization and protection from many types of what an ankle injuries. In this case, a progress note dated June 9, 2014 states the patient does not have a lot of pain in his feet he just has more pain in his knee. The injured worker was working his regular duties. And in this case, a progress note dated August 12, 2014 indicated strain of gastrocnemius tendon. There were no muscle aches and muscle weakness. The initial utilization review physician spoke with the treating physician (page 391 of the medical record). The original date of injury was June 18, 2013. MRI left knee showed a medial meniscus tear. The injured worker had laser K treatment of any condition. The treating physician "thinks the employee has sustained a new injury during work". The treating physician requested a cam Walker in the event ultrasound shows a gastrocnemius defect. However, Thompson sign is positive which means the Achilles tendon is intact. Consequently, the cam Walker is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the Cam Boot (DME) left lower extremity is not medically necessary.

**Diagnostic ultrasound of the right and left gastroc:** 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 Official Disability Guidelines (ODG); Knee and Leg Section, Diagnostic Ultrasound

**Decision rationale:** Pursuant to the Official Disability Guidelines, the diagnostic ultrasound of the right and left gastrocnemius is not medically necessary. Diagnostic ultrasound is recommended for soft tissue injuries (meniscal, chondral surface injuries and ligamentous disruption) and are best evaluated with magnetic resonance imaging sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of hemarthrosis or for follow-up. In this case, a progress note dated June 9, 2014 states the patient does not have a lot of pain in his feet, he just has more pain in his knee. The injured worker was working his regular duties. A progress note dated August 12, 2014 indicated strain of gastrocnemius tendon. There were no muscle aches and muscle weakness. In the initial utilization review, the UR physician spoke with the treating physician (page 391 of the medical record). The date of original injury was June 18, 2013. MRI left knee showed a medial meniscus tear. The injured worker had laser K treatment of any condition. The treating physician "thinks the employee has sustained a new injury during work". The treating physician requested a cam Walker in the event ultrasound shows a gastrocnemius defect. However Thompson sign is positive which means the Achilles tendon is intact. Consequently, diagnostic ultrasound is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the diagnostic ultrasound of the right and left gastrocnemius is not medically necessary.

