

Case Number:	CM14-0025299		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 34 year old female who sustained an injury on 11/01/11 when she slipped and fell sustaining an injury to the tibial sesamoid of the right foot. The injured worker is status post removal of the tibial sesamoid followed by application of a posterior splint for partial weight bearing status on 10/25/13. Postoperative follow up on 11/13/13 noted the injured worker was improving as expected. The injured worker's physical examination findings noted limited range of motion of the 1st metatarsal phalangeal joint of the right foot. The injured worker was instructed on range of motion exercises. The injured worker's ankle range of motion was intact bilaterally. There was a PR2 report from 12/11/13 that was handwritten. No pertinent range of motion findings were noted at this evaluation. A second PR2 report that was handwritten on 01/08/14 was also handwritten and did not describe any specific range of motion findings. The requested toe extension dynasplint with soft padded toe shoe rental for 3 months was denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOE EXTENSION DYNASPLINT WITH SOFT PADDED TOE SHOE RENTAL FOR 3 MONTHS: 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) Ankle & Foot Chapter, Dynasplint.

Decision rationale: There are limited evaluations postoperatively regarding the injured worker's range of motion in the right ankle and foot. Without ongoing objective findings regarding a range of motion deficit that was not improved with formal physical therapy or a home exercise program, the requested Dynasplint for toe extension with a soft padded toe shoe rental for 3 months would not be supported as medically necessary at this point in time.