

Case Number:	CM14-0079700		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 46-year-old female who reported an injury 6/4/10. The mechanism of injury was not provided within the medical records. The clinical note dated 4/21/13 indicated diagnoses of plantar fascia release of the right foot, plantar fasciitis of the left foot, painful gait, and cyst in the calcaneus bilaterally. The injured worker reported pain to the left foot. The injured worker ambulated with full weight bearing status with an antalgic gait, favoring the left lower extremity. On physical examination, the dorsalis pedis and posterior tibial pulses were 2+. The injured worker's deep tendon reflexes for the Achilles and patellar tendons were 2+. Babinski was not present and Clonus was not present bilaterally. The injured worker's plantar fascia symptoms increased with activation of the windlass mechanism. The injured worker continued to have pain to heel walking, heel standing, squatting, and crouching on the left side, and the right side was improved. The injured worker's treatment plan was authorization for surgery for plantar fasciectomy of the left foot. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

One shower boot.: 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 and Foot, Cast (immobilization).

Decision rationale: The Official Disability Guidelines state that a CAM (eg, a device designed to attach to the contralateral shoe to compensate for the boot-induced functional limb length discrepancy) is for patients with temporary artificial functional (LLD) sequelae from use of a CAM immobilization device, a temporary lift can produce a more normal gait by eliminating the functional LLD and avoiding the symptoms commonly associated with a LLD. Documentation submitted did not indicate the injured worker had findings that would support she was at risk for artificial functional limb, limp discrepancy. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate which foot, left or right, for the shower boot. Therefore the request is not medically necessary.