

<b>Case Number:</b>	CM14-0187961		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Maryland. 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 employee was a 37 year old male who sustained an industrial injury on 08/15/14. The mechanism of injury was a fork lift loader running over his left foot. His diagnoses included crush injury, fracture foot with displacement of left 3rd metatarsal, left 4th metatarsal head and swelling of limb with laceration. His treatment included open reduction and internal fixation and cast. X-ray of the left foot from 10/13/14 revealed fracture of the 3rd metatarsal left foot plated with four hole plate and 3 screws. No significant progressive healing of the 3rd metatarsal fracture noted. Distance of the third metatarsal is in good alignment compared to the other metatarsal heads and MPJs. 4th metatarsal head is in good alignment with no movement. The request was for left BK cast with fiberglass material. The Utilization Review physician discussed with the provider and noted that the cast was indicated for the 3rd metatarsal fracture without significant progressive healing. A series of 3 casts were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Bk Cast with Fiberglass for the Left Foot x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** According to ACOEM Practice Guidelines on ankle and foot complaints, immobilization with cast is recommended for metatarsal fracture without displacement and non-weight bearing is recommended for 4 to 6 weeks in cases of displaced metatarsal fractures treated with surgical fixation followed by progressive weight bearing as tolerated after radiographic evidence of union. The employee had lack of progressive healing and hence continued to need a cast. But a series of 3 casts is not medically necessary without further periodic x-rays. Therefore, this request is not medically necessary.