MAXIMUS Federal Services

Case Number:	CM14-0200849		
Date Assigned:	12/11/2014	Date of Injury:	07/09/2014
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 9, 2014.In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a cane and a rocker bottom rigid shoe. The claims administrator suggested that its decision was based on a September 13, 2014 progress note in which the applicant was described as having sustained a crush injury of the great toe with a distal tuft fracture. The attending provider stated that its decision was based on non-MTUS ODG Guidelines. The claims administrator's rationale was somewhat difficult to follow.In a November 3, 2014 progress note, the applicant reported primary complaint of knee pain. The applicant was not working, it was acknowledged. Work restrictions were given, which were seemingly resulting in the applicant's removal from the workplace. The applicant was given a prescription for Naprosyn.On July 30, 2014, it was stated that the applicant had sustained contusions of the left great toe and right fifth toe when he intermittently dropped a log of wood on the same. The applicant apparently sustained a fracture of the left great toe, it was stated. The note was not entirely legible. The applicant was given prescriptions for Naprosyn and tramadol. An ancillary complaint of knee pain was noted. Several notes on file seemed to precede the stated date of injury, September 9, 2014. The September 30, 2014 progress note made available to the claims administrator was seemingly not incorporated into the file. A September 30, 2014 progress note was notable for continued complaints of knee pain with associated locking and buckling. The applicant was on Naprosyn and tramadol, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, full activity is "not recommended" in the presence of swelling and other signs of acute trauma. Here, per the claims administrator's description of events, the applicant had apparently presented with issues with a great toe fracture with associated swelling on or around the date in question. The applicant was apparently given a special shoe. The applicant was apparently asked to remain semi-weight bearing. Provision of a cane would have helped the applicant avoid excess weight bearing under pressure on the fractured left great toe. Therefore, the request is medically necessary.

The rocker bottom rigid shoe no toe off: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-4,373..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-4, page 373, buddy taping and open shoes are activity modifications which are recommended to avoid exposure to further trauma in individuals with toe fractures. Here, the applicant had issues with great toe swelling on an office visit of September 30, 2014 following an industrial contusion/fracture injury of the left great toe on July 9, 2014. Provision of a rocker bottom rigid shoe was indicated, per ACOEM, to help avoid exposure to further trauma upon the fractured great toe. Therefore, the request is medically necessary.