MAXIMUS Federal Services

Case Number:	CM15-0137889		
Date Assigned:	07/27/2015	Date of Injury:	08/25/2012
Decision Date:	08/26/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who sustained an industrial injury on 8/25/12 from a motor vehicle accident resulting in multiple leg fractures. He underwent multiple surgeries including his left hip, right knee and left foot. He had hardware removal 3/4/14. He currently complains of pain in the low back, left hip, left ankle and both knees. He is unable to use stairs. He uses a cane for balance and ambulation. His pain level was 6-7/10. On physical exam of the lumbar spine there was numbness and tingling in L5-S1 distribution with limited range of motion due to pain and stiffness; left shoulder revealed positive Biceps sign; left ankle exam showed hyperpigmentation, decreased sensation, and tenderness at ankle joint; right knee exam showed tenderness at surgical site; right leg showed decreased sensation of lateral aspect of the lower leg, tenderness to palpation right buttocks and at surgical site. Medications were gabapentin, diclofenac XR, omeprazole, cyclobenzaprine, menthoderm, propranolol for tremors. Diagnoses include right femur fracture (3/4/14), status post femur intramedullary rod; right knee closed patella fracture (3/4/14); left ankle fracture (3/4/14); left shoulder/arm impingement syndrome; chronic regional pain syndrome, type 1 of the left ankle; lumbago/lumbar degenerative disc disease/lumbar strain. Treatments to date include medication; pain management; physical therapy with moderate relief; left shoulder injection with moderate relief. In the progress note dated 1/5/15 and 6/9/15 the treating provider's plan of care includes a request for a CAM boot for the left leg/ankle to allow for minimal movement for the hinge of the ankle in order to rest/ protect the damaged area until the CAM boot can be removed. It may

improve gait, ambulation and stability. It may desensitize inflammation caused by posttraumatic arthritis and causing chronic regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cam boot for left leg/ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot Chapter, CAM Walker & immobilization.

Decision rationale: Regarding the request for a CAM walker, the CA MTUS does not address this issue. ODG, Ankle and Foot Chapter, has an entry on cam walker that states this is essentially a form of ankle casting, and refers to this section of the ODG. The ODG states immobilization is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Within the submitted documentation, the injured worker does not have evidence of a clearly unstable joint or a severe ankle sprain. In the absence of such documentation, the current request is not medically necessary.