

Case Number:	CM15-0167306		
Date Assigned:	09/08/2015	Date of Injury:	07/09/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old woman sustained an industrial injury on 7-9-2014 after twisting her ankle while walking down a ramp. Evaluations include right foot MRIs dated 8-2014 and 4-16-2015. Diagnoses include rupture of right foot and ankle tendon, cavovarus deformity of foot, and right ankle sprain-strain. Treatment has included oral medications, bracing, surgical intervention, splint, and physical therapy. Physician notes dated 6-23-2015 show complaints of right ankle pain and swelling rated 3 out of 10. Recommendations include use of a boot, follow up for suture removal, and ankle x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking Boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthotic devices. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Orthotic devices "recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." There is no documentation that the patient developed plantar fasciitis or foot pain in rheumatoid arthritis. In addition, the patient was using a splint after surgery and the need for another orthotic device is unclear. Therefore, the request for walking boot is not medically necessary.