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| <b>Case Number:</b>   | CM15-0219798 |                              |            |
| <b>Date Assigned:</b> | 11/12/2015   | <b>Date of Injury:</b>       | 10/21/2006 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 10/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/09/2015 |

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 50-year-old female who sustained an industrial injury on 10/21/06. Injury occurred when she fell down a flight of 15 stairs, injuring her right foot and ankle. She sustained a displaced right 5th metatarsal fracture. On 1/2/14, she lost her balance and fell, fracturing her right 4th and 5th toes and spraining her ankle. She underwent a right ankle arthroscopy and synovectomy with anterior talofibular ligament repair on 4/24/15 and was retrospectively certified for a pneumatic cam walker on 5/12/15. The 10/13/15 treating physician report indicated that the injured worker was seen for a pre-operative visit for the left foot plantar fasciotomy scheduled for 10/23/14. Her left foot pain had improved with a recent injection. Physical exam documented mild edema over the distal fibula and pain along the plantar left foot along the medial plantar fascia. There was no pain with metatarsophalangeal joint range of motion. Neurovascular exam was within normal limits. The 10/23/15 treating physician report documented tenderness over the anterior talofibular ligament, plantar fascia bilaterally, and peroneal tendons bilaterally. The injured worker was scheduled for left plantar fasciotomy. Authorization was requested for a pneumatic Cam walker to be dispensed on her second post-op visit. The 10/29/15 utilization review non-certified the request for pneumatic Cam walker as the injured worker had been provided this device following the right ankle arthroscopic ligament repair surgery and there was no compelling rationale to support replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic cam walker, quantity: 1:** 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), Ankle & Foot (Acute & Chronic) (Cam walker) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle-Foot: Cam Walker; (Cast Immobilization).

**Decision rationale:** The California MTUS guidelines do not specifically address pneumatic Cam walkers. The Official Disability Guidelines do not recommend bracing in the absence of a clearly unstable joint or a severe ankle sprain. Guideline criteria have not been met. This injured worker is undergoing a left plantar fasciotomy with no evidence of ankle instability. Records indicate that a pneumatic cam walker had been dispensed following her ligament repair surgery on 4/24/15. There is no evidence that the previously dispensed pneumatic cam walker would not suffice if needed following this procedure. Therefore, this request is not medically necessary.