MAXIMUS Federal Services

Case Number:	CM15-0040292		
Date Assigned:	03/10/2015	Date of Injury:	07/18/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 60-year-old male who sustained an industrial injury on 7/18/13. The mechanism of injury was described as an inversion injury when he slipped. Past medical history was positive for diabetes and hypertension. The 12/19/14 left ankle MRI impression documented sinus tarsi syndrome, mild posterior tibialis tendinosis, and a tibial cyst within the distal Achilles tendon. There was dorsal spurring along the anterior joint line with marrow and adjacent soft tissue edema most compatible with anterior impingement. There was no evidence of coalition. Ligaments were reported as intact. The subtalar joint was reported as unremarkable. The 1/21/15 orthopedic report cited intermittent left anterior medial ankle pain that was improving. Pain was aggravated with weight bearing, and relieved by rest and prescription medications. The patient was at full weight bearing with no assistive devices and was working regular duty. Foot/ankle physical exam documented mild right hindfoot pes planus, valgus, and moderate left hindfoot pes planus, valgus alignment. There was tenderness over the medial ankle and posterior tibial tendon. Left ankle range of motion was limited to inversion 5, eversion 5, adduction 10, and abduction 5 degrees. Ankle dorsiflexion and plantar flexion were symmetrical. There was decreased sensation documented in the toes of the left foot. Strength was 5-/5 in left ankle dorsiflexion and plantar flexion, and 4+/5 in hindfoot inversion and eversion. The MRI showed arthritic changes at the middle facet subtalar joint and dorsal talonavicular joint, distal posterior tibial tendinopathy, and spring ligament sprain. The impression was left medial subtalar and dorsal talonavicular joint arthritis and spring ligament tear with asymmetric pes planovalgus. A triple arthrodesis was recommended. The 2/9/15 utilization review non-certified a request for left

ankle triple arthrodesis, including a request for post-op cam walker boot. The rationale for non-certification cited the lack of evidence of sufficient subtalar, talonavicular and calcaneal cubital arthritis to justify the proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cam walker boot for post operative left ankle (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The California MTUS guidelines recommend immobilization for acute injuries and swelling. The Official Disability Guidelines do not recommend cast immobilization, such as the removable cam walker, in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. Guideline criteria have not been met. There is no current evidence in the submitted records that the proposed triple arthrodesis has been approved. The use of a cam walker is not supported, except for patients with a clearly unstable joint. There is no documentation of instability to support the medical necessity of a cam walker at this time. Therefore, this request is not medically necessary.