MAXIMUS Federal Services

Case Number:	CM15-0056364		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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

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 52 year old female, who sustained a work/industrial injury on 10/2/01. She has reported initial symptoms of right foot pain and low back pain. The injured worker was diagnosed as having right tarsal tunnel syndrome, s/p release, plantar fasciitis, and Achilles tendon injury along with thoracic/lumbar neuritis/radiculitis. Treatments to date included medication, diagnostics, surgery (tarsal tunnel decompression of the posterior tibial nerve on 11/14/14, night splints, and conservative treatments. Currently, the injured worker complains of right foot pain. The treating physician's report (PR-2) from 2/23/15 indicated the right tarsal tunnel pain is improving secondary to surgery but had plantar fascia pain. Neurological findings noted tendon reflexes at 2+/4 for the Achilles and patellar tendons. Muscle testing was 5+/5. Due to findings of significant pain in the plantar fascia she had difficulty with heel walking, standing, squatting, and crouching. Dorsiflexion increases pain significantly. Treatment plan included a controlled ankle motion (CAM) boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAM walker: 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), Cam walker.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot chapter on walking aids.

Decision rationale: The patient presents with right foot and plantar fascia pain. The patient is status post tarsal tunnel right ankle surgery from 11/14/2014. The physician is requesting a Cam Walker. The RFA was not made available for review. The patient's date of injury is from 10/02/2001 and she is currently on modified duty. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the Ankle and Foot chapter on walking aids, canes, crutches, braces, orthoses, and walkers, states, "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices". The 03/09/2015 progress report shows that the patient is having severe pain and ripping sensation across her plantar foot but originating at the area of her previous surgery. Her gait is abnormal. She moves very slowly. Any kind of movement appears to be very painful for the patient. Given the patient's recent ankle surgery and significant clinical findings, a Cam walker is appropriate. The request is medically necessary.