

Case Number:	CM15-0084212		
Date Assigned:	05/06/2015	Date of Injury:	03/17/2014
Decision Date:	06/04/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/01/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a(n) 39 year old male, who sustained an industrial injury on 3/17/14. He reported pain in his left foot and ankle after falling off a ladder. The injured worker was diagnosed as having left post traumatic arthritis, metatarsal/tarsal fracture and cuboid base fracture. Treatment to date has included physical therapy, Percocet and foot surgery. As of the PR2 dated 4/20/15, the injured worker reports continuous left foot pain. The treating physician noted erosive changes of the 3, 4 and 5 metatarsal cuboid cuneiform with bone marrow edema. The treating physician requested a post-operative knee scooter and calcium supplements to optimize bone healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative calcium supplements: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: General principles of fracture management: Bone healing and fracture description.

Decision rationale: There are many factors that can impact bone healing and remodeling which include thyroid and growth hormone levels, calcitonin, glucocorticoids, and nutritional status. Conditions that may hinder healing include diabetes, vascular disease, anemia, hypothyroidism, malnutrition, excessive chronic alcohol use, and tobacco use. In the case of this injured worker, the request is for post-operative calcium supplementation. The records and available literature do not support medical necessity for this prescription.

Post-operative knee scooter: 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, Rolling knee walker.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 99.

Decision rationale: Per the guidelines, power mobility devices such as electrical wheel chairs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized device is not essential to care. In the case of this injured worker, the details of his gait are not described though he is to be non-weight bearing to his lower extremity post-op. Nonetheless, the records do not substantiate medical justification for the use of a post-operative knee scooter vs. walker or wheelchair. Therefore, the requested treatment is not medically necessary.