

Case Number:	CM15-0084845		
Date Assigned:	05/07/2015	Date of Injury:	12/17/2002
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old male with an industrial injury dated 12/17/2002. The injured worker's diagnoses include tarsal tunnel with medial plantar nerve neuritis and plantar heel and plantar fascial pain with abductor myositis. Treatment consisted of laboratory studies, Magnetic Resonance Imaging (MRI), prescribed medications, and periodic follow up visits. In a progress note dated 4/07/2015, the treating physician reported that palpation of the left Achilles and posterior heel revealed hypertrophic swollen left Achilles consistent with partial rupture and trauma with considerable scar tissue. The treating physician prescribed cam boots now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cam boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cast immobilization.

Decision rationale: The MTUS is silent in regards to Achilles tendon rupture and boot usage. It does make recommendations to specific types of non-weight bearing foot wear which does not apply in this case. The ODG guidelines were used. A Cam boot is the name for a Cast to immobilize the ankle. The ODG states that this therapy is, "Not recommended 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." In this case, there is partial rupture of the Achilles tendon which is chronic in nature and not during the acute phase of the tear. Immobilization or non-weight bearing is not recommended. As such, the request for Cam boot is not medically necessary.