

Case Number:	CM14-0172586		
Date Assigned:	10/23/2014	Date of Injury:	07/02/2012
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57-year-old male who has submitted a claim for left hardware irritation of left ankle, left anterior impingement sign of the left ankle with osteophytes and exostosis, and left ankle early signs of arthritis associated with an industrial injury date of 7/2/2012. Medical records from 2014 were reviewed. Patient previously underwent open reduction and internal fixation of left ankle fracture/dislocation in 2012. Patient complained of pain at the anterior aspect of left ankle aggravated during dorsiflexion. Patient also reported irritation and pain along the hardware. This resulted in difficulty during ambulation without any type of ankle brace or stabilizer. Physical examination of the left ankle showed tenderness along the hardware laterally. Anterior impingement sign was positive on dorsiflexion. Weakness of ankle dorsiflexor and plantar flexor was noted and rated 4/5. Sensation was intact. X-ray of the left ankle demonstrated evidence of syndesmotic screw removal with a lateral fibular locking plate. The screws were in good position. There was evidence of a screw inserted into the heel, which may have caused articular disruption. Treatment to date has included left ankle surgery in July 2012, physical therapy, and medications. The current treatment plan includes removal of hardware to minimize ankle pain. Non-operatively, patient will be started on Arizona brace, physical therapy, and injection to control his symptoms. Utilization review from 10/2/2014 denied the request for CAM walking boot because durable medical equipment was not necessary since the surgery was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAM Walker Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 07/29/14), ODG Knee & Leg (updated 08/25/14) Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Cam walker; Cast (immobilization)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, a cam walker is a removable cast. Casting is not recommended in the absence of a clearly unstable joint or severe ankle sprain. In this case, patient previously underwent open reduction and internal fixation of left ankle fracture/dislocation in 2012. Patient complained of pain at the anterior aspect of left ankle aggravated during dorsiflexion. Patient also reported irritation and pain along the hardware. This resulted to difficulty in ambulation without any type of ankle brace or stability. Physical examination of the left ankle showed tenderness along the hardware laterally. Anterior impingement sign was positive on dorsiflexion. Weakness of ankle dorsiflexor and plantar flexor was noted and rated 4/5. Sensation was intact. X-ray of the left ankle demonstrated evidence of syndesmotic screw removal with a lateral fibular locking plate. The screws were in good position. There was evidence of a screw inserted into the heel, which may have caused articular disruption. The treatment plan included removal of hardware to minimize ankle pain. Non-operatively, patient would be started on Arizona brace, physical therapy, and injection to control his symptoms. However, medical records submitted and reviewed failed to provide evidence of ankle instability that may necessitate use of a brace. There was no objective finding that corroborated presence of unstable joint. Therefore, the request for CAM walker boot was not medically necessary.