MAXIMUS Federal Services

| Case Number: | CM14-0218962 | | |
|---|---|---|---|
| Date Assigned: | 01/09/2015 | Date of Injury: | 03/24/2011 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

## 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. 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: 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:

This 55-year-old male sustained a work-related injury on 3/24/2011. The work status report dated 8/16/2011 lists his diagnoses as right Achilles tendinitis and contusion of right ankle. The diagnosis on the IMR request is plantar fascial fibromatosis. Previous treatments include medications, injections, orthotics and rest. The treating provider requests removal of calcaneal spur from right foot and plantar fasciotomy, post-op shoe, shower protector, cryo machine and knee scooter/crutches. Exam note 12/2/14 demonstrates right foot pain. Exam demonstrates significant swelling over the plantar aspect of the calcaneus in the heel pad. Radiographs demonstrate a calcaneal spur.The Utilization Review on 12/12/2014 modified the request to removal of calcaneal spur from right foot and plantar fasciotomy, shower protector, cryo machine x seven days, knee scooter x 30-day rental and crutches, citing CA MTUS/ACOEM Ankle and Foot Complaints and the ODG Foot and Ankle chapter. The request for the post-op shoe was non-certified and the request was withdrawn; the IW already has this item.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: post-op shoe:** 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) Foot & Ankle chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Durable medical equipment

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of DME. Per the ODG Knee and Leg section, Durable medical equipment, is generally defined as a device that meets Medicare definition. The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; &(4) Is appropriate for use in a patient's home. In this case there is justification for a postoperative shoe following removal of a calcaneal spur. Therefore the determination is for certification.

**Associated surgical service: Cryo machine:** 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) Foot & Ankle chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle section, Continuous flow cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore the determination is for non-certification.

**Associated surgical service: 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) Foot & Ankle chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle section, rolling knee walker

**Decision rationale:** CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case the exam note from 12/2/14 does not demonstrate inability to use a standard crutch or walker. Therefore the determination is for non-certification.