

Case Number:	CM15-0120881		
Date Assigned:	07/01/2015	Date of Injury:	10/20/2003
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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 45 year old male, who sustained an industrial injury on October 20, 2003, incurring left foot injuries. He was diagnosed with a left foot crush injury. Treatment included physical therapy, splinting, pain medications, and work restrictions and modifications. In October, 2014, he had a surgical left hallux joint fusion, and sesamoidectomy. He was diagnosed with left medial and lateral joint fibrosis and contracture, left hallux hammertoe, left sesamoiditis and atrophic plantar fat pad. Currently, the injured worker complained of ankle edema, difficulty walking, standing and bearing weight on his foot. The treatment plan that was requested for authorization included ERMI MPJ Dynamic Splint purchase for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

ERMI MPJ Dynamic Splint purchase for the left foot: 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), Knee & Leg, Static Progressive Stretch Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Ankle chapter, Bracing and Other Medical Treatment Guidelines AETNA Policy Number: 0405 regarding Dynamic Splinting Devices, per www.aetna.com/cpb/medical/data/400_499/0405.html.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with pain to ball of left foot beneath the left 1st metatarsal. The patient is status post left 1st metatarsophalangeal joint surgery 10/15/14. The request is for ERMI MPJ DYNAMIC SPLINT PURCHASE FOR THE LEFT FOOT. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes postop bunionectomy, hallux limitus, and hallux rigidus. Per physical examination on 03/09/15, the patient has healed surgical scars overlying the dorsal-medial margin of the right 1st MTP joint, and lacks great toe purchase and stance. Patient still has mild postoperative edema surrounding the left great toe and left 1st MTP joint. Treatment included physical therapy, splinting, pain medications, and work restrictions and modifications. The patient may return to modified work in a sitting clerical position, per 04/22/15 report. Treatment reports were provided from 10/15/14 - 04/22/15. ACOEM guidelines, Chapter 14 (Ankle and Foot Complaints) 2004, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, Ankle chapter under Bracing (immobilization) states: "Not recommended in the absence of a clearly unstable joint. 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. (Kerkhoffs-Cochrane, 2002)" [REDACTED] Policy Number: 0405 regarding Dynamic Splinting Devices, per www.aetna.com/cpb/medical/data/400_499/0405.html states: [REDACTED] considers the prophylactic use of dynamic splinting experimental and investigational in the management of chronic contractures (no significant change in motion for a 4-month period) and joint stiffness due to joint trauma, fractures, burns, head and spinal cord injuries, rheumatoid arthritis, multiple sclerosis, muscular dystrophy or cerebral palsy because of insufficient evidence in the peer-reviewed literature. However, if surgery is being performed for a "chronic" condition, the use of a dynamic splinting system may be considered medically necessary if the member meets the selection criteria stated above." [REDACTED] (2011) stated that hallux limitus (HL) is a pathology of degenerative arthritis in the first metatarsophalangeal joint (MTJ) of the great toe. Chief complaints of HL include inflammation, edema, pain, and reduced flexibility. The onset of HL commonly occurs after one of the two most common surgical procedures for foot pathologies, a bunionectomy or a cheilectomy... The authors concluded that dynamic splinting was effective in reducing contracture of post-operative hallux limitus in this study; experimental patients gained a mean 250 % improvement in AROM. This modality should be considered for standard of care in treating post-operative hallux limitus." "Flexionators and Extensionators: [REDACTED] considers patient-actuated serial stretch (PASS) devices (e.g., the ERMI Knee/Ankle flexionator, the ERMI Shoulder flexionator, the ERMI Elbow Extensionator, the ERMI Knee extensionator, the ERMI MPJ Extensionator, and knee extension devices (e.g., the Elite Seat) experimental and investigational because of insufficient scientific evidence of the effectiveness of these devices." According to [REDACTED], the requested ERMI MPJ Extensionator appears to have guideline support for postoperative use. In this case, though patient is postoperative, treater has not specifically discussed the request in provided progress reports, nor stated that the request is retroactive following left foot bunionectomy on 10/15/14. Based on RFA dated 05/13/15 and

per 03/19/15 report, treater requests purchase of this splint with a plan to "focus on plantar flexion of the 1st MTP joint." However, ACOEM states bracing should be used short-term. It has been almost 8 months from surgery to UR date of 06/02/15. In addition, [REDACTED] "considers the prophylactic use of dynamic splinting experimental and investigational in the management of chronic contractures (no significant change in motion for a 4-month period)," and further states with regards to requested ERMI MPJ Extensionator "...experimental and investigational because of insufficient scientific evidence of the effectiveness of these devices." Given lack of guideline support, this request IS NOT medically necessary.