

<b>Case Number:</b>	CM15-0176053		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/26/2015
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 37 year old male, who sustained an industrial injury on 06-26-2015. The injured worker was diagnosed as having other sprains and strains of ankle left-Achilles partial versus complete rupture and left ankle laceration status post primary repair. On medical records dated 08-04-2015, subjective complaints were noted as pain in left mid-foot, status post repair of partial Achilles tear, the injured worker was noted to not wearing any support and to be using crutches to assist with ambulation. The objective findings were noted as evidence of 2 lacerations one directly over the Achilles tendon and laterally over the posterior lateral malleolus. There was pain noted with attempted movement of the ankle in the region of the laceration and over the Achilles. There was a positive Thompson's test, moderate swelling in the left foot and was neurovascular exam was intact. The injured worker was noted to be not working. Treatment plan noted that the injured worker had a delay in treatment, and an Achilles contracture secondary to non-weight bearing cast and lack of splinting. The treatment to date included medication. The current medication list was not mentioned in the 08-04-2015 progress note. The Utilization Review (UR) was dated 08-12-2015. A Request for Authorization was dated 08-04-2015. The UR submitted for this medical review indicated that the request for Retrospective Cam Walker Boot was modified. The patient sustained the injury when a large cart slipped and hit his back of heel. The patient had used crutches for this injury. The patient has had X-ray of the left foot that revealed no fracture. The medication list includes Norco and Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cam Walker Boot: 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) Ankle and Foot Chapter Elastic bandage (immobilization).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** A cam walker is basically a removable cast. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Per the cited guidelines, cam walker "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." "A 10-day period of immobilization in a below-knee cast or Aircast results in a more rapid recovery from severe ankle sprain compared with the current clinical practice of mobilization after a severe ankle sprain according to an RCT in The Lancet." The injured worker was diagnosed as having other sprains and strains of ankle left-left Achilles partial versus complete rupture and left ankle laceration status post primary repair. On medical records dated 08-04-2015, subjective complaints were noted as pain in left mid-foot, status post repair of partial Achilles tear, the injured worker was noted not wearing any support and to be using crutches to assist with ambulation. The objective findings were noted as evidence of 2 lacerations one directly over the Achilles tendon and laterally over the posterior lateral malleolus. There was pain noted with attempted movement of the ankle in the region of the laceration and over the Achilles. There was a positive Thompson's test, moderate swelling in the left foot and was neurovascular exam was intact. The injured worker was noted to be not working. The patient sustained the injury when a large cart slipped and hit his back of heel. The patient had used crutches for this injury. There was a significant injury causing a tear of the Achilles tendon. This kind of injury can make the ankle unstable. The request for Retrospective Cam Walker Boot is medically necessary and appropriate for this patient at this time.