

Case Number:	CM15-0042221		
Date Assigned:	03/12/2015	Date of Injury:	06/12/2012
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 53-year-old male sustained a work related injury on 06/12/2012. According to a progress report dated 02/09/2015, the injured worker had continued pain in the left foot, difficulty with prolonged ambulation and weight bearing and continued pain in the tarsometatarsal junction. Diagnoses included status post open reduction internal fixation and rearthrodesis of the Lisfranc joint, failed Lisfranc arthrodesis left foot by another surgeon, fracture of first, second and third cuneiform region by history and painful gait. The provider noted that the injured worker would proceed with surgical intervention as recommended by the Agreed Medical Examination in the form of arthrodesis of the tarsometatarsal junction of the mid foot involving the first, second, and third tarsometatarsal joints. The provider requested authorization for the procedure as well as for functional biomechanical orthotics, which continued to be a real necessity. The injured worker was given refill of topical medications as well as Naproxen. A Request for Authorization dated 02/16/2015 was submitted for review. The request included arthrodesis of the left tarsometatarsal junction of the midfoot involving the first, second and third tarsometatarsal joint, post-op physical therapy, knee walker, CAM walker, hot/cold therapy, IF (interferential) unit and shower boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower boot: 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) chapter, knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, DME.

Decision rationale: The patient presents with pain in the left foot. The request is for SHOWER BOOT. Patient is status post Lisfranc's arthrodesis of the left foot, 03/03/14. Per 02/09/15 progress report, patient's diagnosis include status post orif and rearthrodesis of the Lisfranc joint by the undersigned on 3/3/14, failed Lisfranc arthrodesis, left foot, by another surgeon, fracture of first, second and third cuneiform region by history, and painful gait. Per 12/15/14 progress report, patient is temporarily totally disabled until January 30, 2015. ODG-TWC guidelines, knee chapter for Durable Medical Equipment, states certain DME toilet items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitation. Treater has not provided a reason for the request. The shower boot would meet the definition of DME for post-surgical use, and in accordance with ODG guidelines, for keeping the incision dry and decrease chances for infection. However, patient's date of Lisfranc's arthrodesis of the left foot surgery is 03/03/14. In 09/08/14 progress report, treater states that there is a well- healed incision on the dorsal aspect of the left foot secondary to the surgery, and there are no signs of infection, purulence, edema or other complications. In this case, the medical necessity of the request for a shower boot is not established and therefore, it is not medically necessary.