

Case Number:	CM13-0002064		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2013
Decision Date:	02/19/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 41-year-old female who reported an injury on 03/26/2013. The mechanism of injury was the patient was struck by a container that rolled over her foot. The patient's diagnoses include left foot intermetatarsal bursitis, left ankle non-displaced fracture of the lateral malleolus, osteochondral fracture at the talar margin of the talonavicular joint, right foot sprain with joint arthrosis, right ankle sprain or strain, right shoulder tendonitis, right knee sprain or strain, and lateral epicondylitis right elbow. Review of the medical record revealed that the patient has already undergone therapy. The most recent clinical note dated 11/12/2013 reports that the patient continued to complain of right elbow pain and bilateral ankle and foot pain which was greater in the right than in the left. Objective findings upon examination included the patient was noted to have a slow, guarded gait, minimal limp favoring the right lower extremity. There was tenderness present in the lateral aspect of the right ankle with fairly good motion of the ankle. There was noted resistance against eversion of the right ankle. There is no instability noted. MRI of the left ankle revealed a non-displaced fracture at the lateral malleolus is likely present, and small, non-displaced osteochondral fracture at the talar margin of the talonavicular joint. It was also noted that the long extensor tendons are intact as are the flexor tendons, peroneal tendons, and the Achilles and plantar tendons as well. MRI of the left foot dated 05/14/2013 revealed small first intermetatarsal bursitis, moderate to severe arthrosis of the metatarsal sesamoid articulation with small joint effusion, and no evidence of acute fracture or osteonecrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

High-Top Tennis Shoes with Ankle Stabilizing Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

Decision rationale: Per California MTUS/ACOEM Guidelines, immobilization and weight bearing as tolerated, is recommended for acute injuries. Taping or bracing can be done later to avoid exacerbation, or for prevention. For acute swelling, rest and elevation are recommended. However, the guidelines do state that prolonged supports or bracing without exercise is not recommended due to the risk of debilitation. Review of the medical record does not specify the rationale for the requested service. Providing the service requested would in fact provide the patient with prolonged supports or bracing. There is no clinical documentation that is submitted that suggests the patient is continuing to participate in physical therapy or any type of home exercise program as per California MTUS/ACOEM Guidelines, it is not recommended for the prolonged support or bracing without exercise. Also, the patient's examination did not reveal the presence of instability. As such, the request for high-top tennis shoes with ankle stabilizing orthotics is non-certified.