

Case Number:	CM13-0021209		
Date Assigned:	11/08/2013	Date of Injury:	03/02/2009
Decision Date:	02/04/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 46-year-old male who reported a work related injury on 03/02/2009. The patient sustained a fracture to the left ankle and later had surgery to the ankle. The patient's diagnoses include left calcaneus fracture, lumbar disc disease, and left knee chondromalacia patella. Recent clinical documentation stated the patient was tolerating his pain medications to include Ultram, Ultracet, and naproxen. The patient has undergone physical therapy and he engages in home exercises. The request was made for Shoe orthotics and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoe orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and Foot Chapter

Decision rationale: The ACOEM indicates that "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... that activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms and weight bearing with orthotics often returns function toward normal very quickly". However, as ACOEM does not specifically address pes planus, there was an application of a secondary source. Official Disability Guidelines indicate that treatment for pes planus includes rest, immobilization, nonsteroidal anti-inflammatory medication, physical therapy, orthotics and bracing. The clinical documentation dated 09/02/2013 stated that the patient's diagnoses included bilateral pes planus and left hallux valgus. It was noted that increased strain would be placed on the flexor retinaculum that may reduce the tarsal tunnel space and cause impingement of the nerves; therefore, the patient was strongly at risk for tarsal tunnel syndrome; and as such, a shoe orthotic was recommended for proper foot alignment and to correct the patient's defects. It was noted that the patient's body had become misaligned and his joints had become affected due to his left foot pes planus that often pronates in flat foot with excessive pronation. The clinical documentation submitted supports the request for shoe orthotics. As such, the decision for shoe orthotics is certified.

Celebrex 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Section Page(s): 22.

Decision rationale: The California MTUS Guidelines indicates that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Clinical documentation submitted for review indicated that patient had stopped the medication and been switched to Naproxen. As such, the request for Celebrex 200 mg #30 is not medically necessary.