

Case Number:	CM13-0032735		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2010
Decision Date:	02/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery 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:

Records indicated the patient has a remote injury date of 10/19/10. The patient has been given diagnoses of "sinus tarsi and ankle capsulitis." The patient underwent some type of surgical procedure which involved anchor placement in the ankle. The exact nature of the surgery is unclear from the records provided. The patient has been noted both to have limited motion as well as instability though current objective physical findings do not document ongoing instability to justify use of ankle braces or orthotics. A request for custom molded orthotics and additional therapy has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

custom molded orthotics - left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotics.

Decision rationale: The recommendation for orthotics cannot be recommended for the left ankle based on the information provided. California MTUS guidelines may support orthotics for

certain conditions but there is insufficient information regarding a diagnosis for the ankle that would warrant orthotic use at this time.

physical therapy 2 x week x 4 weeks, left ankle: 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), Ankle and Foot, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Additional therapy also cannot be recommended as medically necessary. Records indicate this patient has received significant physical therapy in the past and the patient should now be capable of transitioning to home exercises at this time. Furthermore, the response to prior therapy is unknown. For these reasons, additional physical therapy cannot be justified by the information provided.