MAXIMUS Federal Services

Case Number:	CM13-0037250		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2005
Decision Date:	08/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

This is a 66 year old female who has reported back, knee, foot and ankle pain after an injury on 1/10/2005. Diagnoses for the foot and ankle have included sprain, pes planus, degenerative joint disease, and "likely" posterior tibial tendon rupture. As of a 3/29/13 evaluation with the treating physician, there was ongoing left foot and ankle pain. There was swelling, hyperpronation, and pain with eversion stress. Radiographs showed "slight to moderate" degenerative joint disease. The treatment plan included medications, shoes and inserts, and the same referrals requested on 8/30/13. On 5/24/13 the treating physician noted the foot and ankle diagnoses, ankle pain, likely tendon rupture, and need for orthopedic shoes with inserts. The guideline citations were for orthotics, and did not address the specific indications and conditions for this particular injured worker. Subsequent reports from the primary treating physician during 2013 and 2014 do not provide substantial new information regarding medical necessity for the items now under Independent Medical Review. On 8/30/13 the treating physician requested an evaluation with a foot specialist/surgeon/joint replacement specialist, orthotist consult, and one pair of orthopedic shoes with inserts. On 4/10/14 the injured worker was seen by a physiatrist for her ongoing ankle and foot symptoms. She had ongoing medial ankle pain, swelling, pes planus, and degenerative joint disease on radiographs. He diagnosed degenerative joint disease with probably tendon tear. An MRI, ice, medications, and an "ASO" were prescribed. There was no discussion of shoes or inserts.Per an MRI of the ankle on 12/14/13, there was extensive degenerative joint disease of the hindfoot, edema, old sprains, and no mention of any tendon tears. On 9/9/13 Utilization Review non-certified "orthopedic" shoes and inserts", noting the lack of sufficient clinical information, lack of recent reports, pending specialist evaluation, and the recommendations of the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair of Orthopedic Shoes with Inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle chapter, Orthotic devices: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis.

Decision rationale: The treating physician did not define what is meant by "orthopedic shoes" or "inserts". There is no formal definition of either of these items. It is therefore not clear what is intended by these requests. If the physician was referring to a specific brand or kind of shoe structure, that would need to delineated. If "inserts" refer to orthotics, that needs to be stated. The treating physician did not provide the diagnoses and indications for orthotics as per the MTUS and the Official Disability Guidelines: plantar fasciitis and foot pain in rheumatoid arthritis. The treating physician provided no specific indications for the shoes and inserts. The MRI did not support the diagnosis of torn tendon. Imaging, signs, and symptoms are consistent with degenerative joint disease, which is not an indication for orthotics per the MTUS or the Official Disability Guidelines. The specialist who evaluated the injured worker on 4/10/14 did not make any recommendation for shoes and inserts. The treating physician did not establish medical necessity in light of the guidelines cited above, and did not adequately define the requested "orthopedic shoes and inserts". The request is not medically necessary and appropriate.