

Case Number:	CM13-0050024		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2009
Decision Date:	05/09/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 54-year-old male aircraft mechanic sustained an industrial injury on 7/27/09 when he tripped over a wire. The 9/16/10 left ankle MRI impression documented no abnormalities. The 9/6/10 left foot MRI documented mild degeneration of the first tarsometatarsal (TMT) and metatarsophalangeal (MTP) joints. He underwent a left foot tarsal metatarsal fusion on 3/20/12 and was subsequently diagnosed with left lower extremity complex regional pain syndrome. He sustained a left tibia spiral fracture in 2013, when he fell and his left leg got stuck, using his knee scooter and wearing a CAM walker boot. The 6/27/13 treating physician report documented diagnoses of left lower extremity complex regional pain syndrome and status post left foot/ankle fusion. A left lumbar sympathetic block was provided on 6/19/13, with less than 5% overall improvement. A follow-up lumbar sympathetic block was requested. A 9/9/13 DWC form for a left patellar tendon bearing brace and one pair of custom orthotics was submitted. The 9/12/13 agreed medical exam (AME) report documented that the left tibial fracture had been treated with a long-leg cast and was healing. The 10/9/13 utilization review conducted relative to the 9/9/13 request recommended non-certification based on an absence of documentation to support the medical necessity of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PURCHASE FOR A LEFT PATELLAR TENDON BEARING (PTB) BRACE:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [HTTPS://WWW.ACOEMPRACGUIDES.ORG/KNEE](https://www.acoempracguides.org/knee); TABLE 2, SUMMARY OF RECOMMENDATIONS, KNEE-DISORDERS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, KNEE BRACE

Decision rationale: The Official Disability Guidelines indicate that the use of pre-fabricated knee braces may be appropriate in patients with knee instability, ligament insufficiency/deficiency, unicompartmental osteoarthritis, or tibial plateau fracture. The patient has been diagnosed with a left tibial plateau/spiral tibial fracture. The Guideline criteria have been met. Therefore, the request for left patellar tendon bearing (PTB) brace is medically necessary.

ONE PAIR CUSTOM ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [HTTPS://WWW.ACOEMPRACGUIDES.ORG/ANKLE AND FOOT](https://www.acoempracguides.org/ankle-foot); TABLE 2, SUMMARY OF RECOMMENDATIONS, ANKLE AND FOOT DISORDERS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOOT AND ANKLE, ORTHOTIC DEVICES

Decision rationale: The Official Disability Guidelines recommend the use of orthotics for plantar fasciitis, plantar fasciosis, and heel spur syndrome and for foot pain in rheumatoid arthritis. There is no documentation that the patient has foot pain secondary to plantar fasciitis, rheumatoid arthritis, or a heel spur. The records do not provide a pain or functional assessment. The 9/16/10 left foot MRI documented mild degeneration of the first tarsometatarsal (TMT) and metatarsophalangeal (MTP) joints. There is no clinical correlation of painful weight bearing or altered gait. The Guidelines do not support custom orthotics as being indicated versus non-custom in this clinical situation. The Guideline criteria have not been met. Therefore, this request for one (1) pair of custom orthotics is not medically necessary.