MAXIMUS Federal Services

Case Number:	CM14-0000132		
Date Assigned:	01/10/2014	Date of Injury:	06/03/2000
Decision Date:	08/05/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed notes this patient was originally injured at work on 6/3/2000. During an evaluation on 8/2/2012 the patient was noted to have pain to the outside aspect of the left ankle. It is noted that patient had peroneal tendon surgery in 2008. Patient continues to have pain and discomfort to this area. Patient notes pain and swelling to the left ankle area. Physical exam reveals pain over the lateral ankle at the peroneal tendons, pain is noted inferior to the lateral malleolus. Diagnosis this day is chronic peroneal tenosynovitis left ankle secondary to trauma. A request was placed for a custom ankle foot orthosis (AFO) as well as extra depth therapeutic shoes. On 11/19/2013 the patient was noted to still have left ankle pain. Patient notes that it is painful to stand and walk all day and has had previous extra depth shoes. Vascular and neural status grossly intact, pain is noted along the peroneal tendons left side with pain inferior to the lateral malleolus. A request for new orthotics and extra depth shoe was made by the physician this day. A document dated 11/27/2013 requests shoes and inserts for the bilateral feet. Diagnoses noted on this document include tibial tendinitis and peroneal tendinitis. It is also noted that this patient has undergone PT for his painful left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIR OF THERAPEUTIC SHOES: 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), Knee and Leg, Shoes.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg. Special footwear.

Decision rationale: MTUS Guidelines states that tendinitis should be treated with a splint, temporary casts, or surgical shoe if needed. Nonspecific ankle and foot pain should be treated with activity modification as tolerated. MTUS Guidelines also state that reconstruction of the lateral ankle ligament, for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films may be recommended. ODG guidelines state that special footwear may be useful for knee osteoarthritis. As such, the request is not medically necessary.