

Case Number:	CM14-0000600		
Date Assigned:	01/17/2014	Date of Injury:	07/05/2012
Decision Date:	04/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/02/2014

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:

The patient reports that she was injured when stepping down onto a bar bolted to the floor, when her foot slipped off the bar and she twisted her ankle/foot. Left ankle x-ray was unremarkable. Progress reports from 2012 and 2013 were reviewed, demonstrating persistent left ankle pain, swelling, and decreased range of motion. Treatment to date has included ankle brace, medication, activity modification, ACE wrap, elevation, physical therapy. MR arthrogram confirmed a tear of the ATFL. The patient subsequently underwent repair of the left ATFL with lateral stabilization on 3/8/13. On 5/16/13, the patient was noted to continue full weight-bearing status with regular shoe gear and was clearly showing improvement in function biomechanically. On 6/13/13, the patient was doing better. A 7/11/13 progress report indicates residual left ankle pain. A steroid injection was administered into scar tissue. Work restrictions were placed. 12/12/13 progress report indicates improved ambulation and less pain overall. The patient had completed physical therapy one month prior. Physical exam demonstrates a well-healed incision on the lateral aspect of the left ankle, normal gait, unremarkable muscle strength. The patient was noted to be fully weight-bearing with regular shoe gear but having slightly antalgic gait. Orthotics were prescribed for the purposes of stabilizing gait, ground reactive forces and improved the patient stabilization. There is documentation of a 1/2/14 adverse determination for lack of indications that they prescribed orthotics would have a definitive impact on gait stabilization, based on lack of long-term studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF MECHANICAL ORTHOTICS TO STABILIZE GAIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there remains no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. The patient has full ankle strength and no documented plantar fasciitis or metatarsalgia. The patient has been fully weightbearing in standard shoe gear for almost a year now. Therefore, the request was not medically necessary.