

Case Number:	CM14-0002877		
Date Assigned:	01/29/2014	Date of Injury:	04/16/2001
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Practice and is licensed to practice in California, Tennessee, and Virginia. 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 injured worker is a 39-year-old male with report of injury on 4/16/2001. The mechanism of injury is reported as being run over by a forklift. The diagnosis is post traumatic left ankle and foot arthritis. The clinical note dated 04/05/12 indicates complaints of constant severe pain at the lateral region of the left foot. The patient stated the pain was increasing over the dorsal aspect of the left foot and ankle as well. The patient had been utilizing Ibuprofen for pain relief. However, no significant improvement was identified. The patient was able to demonstrate 20 degrees of dorsa flexion and 30 degrees of plantar flexion at the left ankle. The patient was unable to perform any inversion or eversion. The patient also had a positive Tinel's sign over the distal sural nerve. The clinical note dated 05/02/13 indicates the patient continuing with complaints of persistent hind foot pain. The note indicates the patient utilizing a custom shoe and an intermittent use of Hydrocodone. Upon exam, the patient was identified as having a rigid hind foot valgus deformity. Hypoesthesia was identified at the lateral incision with a positive Tinel's sign. The clinical note dated 12/19/13 indicates the patient continuing with left ankle and foot pain. Severe pain was identified at the hind foot. The note indicates the patient remaining functional with the use of a custom molded orthopedic shoe. However, the note indicates the orthotics wear out after a four to six month period and need to be replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MOLDED DEPTH INLAYS FOR SHOES X 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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 CHAPTER, ORTHOTICS.

Decision rationale: The documentation indicates the patient having a long history of left ankle and foot pain. The use of orthotics is recommended for findings consistent with plantar fasciitis or pain associated with rheumatoid arthritis. There is an indication that the patient has been diagnosed with an arthritic condition at the left ankle. However, no imaging studies were submitted confirming these findings. Given the lack of imaging studies confirming the patient's pathology, this request is not indicated.