MAXIMUS Federal Services

Case Number:	CM14-0003939		
Date Assigned:	01/31/2014	Date of Injury:	09/26/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 licensed in Podiatry 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 injured worker is a 53 year old male who reported an injury on 09/26/2012. The worker was injured when he twisted his ankle to get out of the way of a trailer gate ramp. Per the 12/03/2013 clinical note, the injured worker reported anterolateral and posterolateral left ankle pain. Objective findings included 2/4 left dorsalis pedis and posterior tibial pulses, normal sensation, tenderness to palpation of the left ankle sinus tarsi, and moderately-to-severely pronated stance and gait. A scar was noted inferior to the left fibular malleolus with tenderness to palpation. The provider's assessment included status post left ankle acute injury, probable left ankle sinus tarsi syndrome, and persistent pain on the left lateral ankle. Treatment to date included medications and over the counter arch supports. The request for authorization form for bilateral functional foot orthoses was submitted on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FUNCTIONAL FOOT ORTHOSES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The request for bilateral functional foot orthoses is non-certified. American College of Occupational and Environmental Medicine (ACOEM) states rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The medical records provided do not indicate the injured worker has plantar fasciitis or metatarsalgia. It was noted the injured worker received "some" pain relief with over the counter orthotics. The provider noted he placed a plantar fascial strapping on the left foot. The provider stated if the strapping support relieved the injured worker's ankle pain, he would be treated with a foot orthotic. It is unclear the if the injured worker experienced any pain relief from the plantar fascial strapping to proceed with a foot orthotic. In addition, the injured worker's subjective complaints and physical exam focus solely on the left foot. The necessity for bilateral orthoses was not established. As such, the request is not medically necessary and appropriate.