MAXIMUS Federal Services

Case Number:	CM14-0009189		
Date Assigned:	02/14/2014	Date of Injury:	01/07/2003
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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 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:

The injured worker is a 62-year-old male who was injured on January 7, 2003. The injured worker is documented as being evaluated on December 12, 2013 with increased complaints of right side ankle pain localized over the medial posterior medial area with an inability to perform a single toe rise. The clinician also documented positive "too many toes" sign. The clinician diagnosed possible posterior tibial tendon due to chronic dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 14, ANKLE AND FOOT, PAGES 372-374

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, Adult Acquired flat foot

Decision rationale: Based on the clinical documentation provided, the claimant appears to present with a pes planus deformity. This deformity was originally known as posterior tibial

tendon dysfunction or insufficiency and has since been renamed adult acquired flatfoot deformity which encompasses a wide range of deformities. The clinician does not present a complete examination of the ankle and it is unclear what particular stage this deformity is. However, it is obviously past stage 1 as there is noticeable deformity on exam. What is unclear is whether not the deformity is correctable on exam. Regardless, MRI is not a recommendation under the Official Disability Guidelines (ODG) in terms of conservative management, nor is operative intervention an option until conservative care has been attempted. Conservative care for a stage II through IV adult acquired flatfoot deformity would consist of a [redacted] Biomechanics Laboratory Orthosis or a molded Ankle Foot Orthotics dependent on staging. As such, this request is considered not medically necessary.