

Case Number:	CM14-0101133		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2011
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, and Pain 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 injured worker is a 58-year-old male who reported an injury on 07/12/2011 due to a fall. On 06/06/2014, the injured worker presented with pain in the bilateral feet and ankles. Upon examination the 5th digit of the right foot was under riding his 4th digit. There was moderate tenderness noted to the proximal interphalangeal joint and a severe distal keratotic lesion, which was fissured at the distal aspect of the 5th digit with moderate to severe tenderness. There was moderate tenderness, induration and 1+ edema noted to the medial aspect of the bilateral heels in the area of the origin of the plantar fascia, which extended into the medial arch. There was moderate tenderness noted to the lateral aspect of the bilateral ankles in the area of the lateral gutter and anterior talofibular ligament region and medial shoulder. The diagnoses were fall from height, bilateral twisting injuries of the bilateral feet and ankles, post-traumatic arthrofibrosis, synovitis or lateral impingement lesion of the bilateral ankles, bilateral plantar fasciitis, sprain/strain of the right 5th digit and distorted thickened mycotic nail with onychocryptosis of the left great toe. The prior therapy included medications. The provider recommended a motion control orthotic with a quantity of 1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment one pair of motion control orthotics, Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341.

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

Decision rationale: The request for durable medical equipment, 1 pair of motioned controlled orthotics with a quantity of 1 is not medically necessary. California MTUS/ACOEM Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce marked level measures of pain and disability for injured workers who have plantar fasciitis or metatarsalgia. There is lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendations for rigid orthotics. Additionally, the provider's request did not indicate the site at which the orthotics was indicated for in the request as submitted. As such, medical necessity has not been established.