

Case Number:	CM14-0102375		
Date Assigned:	07/30/2014	Date of Injury:	02/19/2014
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 51-year-old male was reportedly injured on February 19, 2014. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of foot pain. The physical examination demonstrated the injured worker being able to walk after being fitted for a CAM Walker boot. There was tenderness to palpation of the medial navicular surface of the left foot. Diagnostic imaging studies objectified a stress fracture of the left foot. Previous treatment included immobilization. A request was made for custom orthotics and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of custom orthotics: 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.

Decision rationale: The medical records indicate that the stress fracture was initially not noted on plain films but identified on MRI and has healed. There were residual complaints of pain and

tenderness of the side of the fracture; however, it was also noted that a repeat MRI was pending to establish the fracture has healed or not. Therefore, while noting that the individual had a CAM Walker boot, and the treating podiatrist felt that the fracture has healed, there was no clinical indication for a custom orthotic. As outlined in the guidelines, such orthotics are limited to the treatment of plantar faciitis, which has not been diagnosed in this case. Therefore, until there is objective occasion of the fracture as not healed, there is no clinical indication for the medical necessity of this device.