

Case Number:	CM14-0011465		
Date Assigned:	02/21/2014	Date of Injury:	11/23/2012
Decision Date:	06/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 New York. 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:

According to the enclosed information, this patient injured her left ankle while at work on November 23, 2012. Diagnoses include ankle arthritis and osteochondral defect of the talar dome. In June 2013 patient underwent MRI evaluation which revealed talar dome lesion, and subchondral cystic changes. In August 2013 patient underwent ankle arthroscopy, osteochondral drilling of the Talar dome, and PRP injections. Postoperative diagnoses include chronic synovitis of ankle joint and impingement syndrome left ankle. In early November 2013 patient states that she is feeling better. She has undergone physical therapy, and x-rays reveal bony healing to the left ankle. Patient has also received a TENS. In late November 2013 the patient advises of continued left ankle swelling. She is feeling better however. Physical exam reveals excess pronation left side subtalar joint with depression of the longitudinal arch. Patient's physician recommends custom functional orthotics to help stabilize the subtalar joint and midtarsal joint left side. She continues to have a diagnosis of osteoarthritis and ankle joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL ORTHOTIC (CUSTOM) TIMES 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS guidelines state that custom orthotics/rigid orthotics are recommended for treatment of plantar fasciitis and or metatarsalgia. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Therefore, based on guidelines and a review of the evidence, the request for custom Functional Orthotics times two is not medically necessary.

ORTHOTIC CASTING FOR FUNCTIONAL ORTHOTICS TIMES 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS guidelines state that orthotic therapy is recommended for plantar fasciitis and metatarsalgia. The enclosed notes do not reveal that this patient has either of these diagnoses. Because custom orthotics are not recommended, casting for custom orthotics is also not medically necessary.