

Case Number:	CM14-0017985		
Date Assigned:	08/27/2014	Date of Injury:	12/17/2013
Decision Date:	09/19/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/12/2014

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 Podiatric Surgery 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 slipped and injured the left ankle on 12-17-2013. X rays were taken that day which revealed no fracture. A diagnosis of left posterior tibial tendinitis was made. An ankle brace was dispensed and podiatric follow-up was recommended. On 1/2/14 patient was seen for ankle pain by a podiatrist. Physical examination reveals painful posterior tibial tendon at the ankle level of the left side. Feet are flat with overpronation. Negative heel rise test, forefoot everted, flexible flat foot. Diagnoses of posterior tibial tendinitis and pes valgus were made. It was recommended that patient ice the ankle, wear a lace up ankle brace for now, and custom orthotics were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotic for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom orthotics left foot is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that

custom orthotics may be for patients who suffer with painful plantar fasciitis and or painful metatarsalgia. This patient does not have either of these diagnoses. For this reason, custom orthotics cannot be recommended at this time.