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| Case Number: | CM14-0110302 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/14/2011 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old female who reported an injury to her left ankle on 08/14/11 when she was walking up the stairs. The utilization review dated 07/02/14 resulted in denials as no objective information had been submitted regarding the injured worker's positive response to the previous physical therapy. There is an indication she had undergone a tendon repair on 03/13/14 at the left ankle. The clinical note dated 04/18/14 indicates the injured worker utilizing Tramadol, Motrin, and Prilosec as well as Voltaren gel as part of the postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of Custom Fit/Molded Orthotics: 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), Treatment Index, 11th Edition (web), 2013, Ankle Chapter, Immobilization.

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 Chapter, Orthotic devices

Decision rationale: The request for a pair of custom fit molded orthotics is not medically necessary. The documentation indicates the injured worker complaining of ongoing left ankle

pain. Orthotic devices are indicated for injured workers with findings consistent with plantar fasciitis or rheumatoid arthritis. No information was submitted confirming the injured worker's plantar fasciitis or rheumatoid arthritis. Therefore, this request is not indicated as medically necessary.