

Case Number:	CM14-0127608		
Date Assigned:	08/15/2014	Date of Injury:	09/10/2011
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family 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:

This injured worker's date of injury is 09/10/2012. Medical records covering the initial injury were not provided. The treating clinician's medical diagnoses include: bilateral nerve impairment of the third metatarsal nerve, pes planus, and neuroma with neuritic pain. The clinician's note states that the bilateral foot pain is relieved when weight bearing is avoided. The patient experiences a burning sensation as well. Injections and a short course of physical therapy did bring relief, temporarily. The patient walks with a right sided limp. The foot exam shows a bunion deformity and hyper flexibility with collapse of the arch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLAIN X RAY OF BILATERAL ANKLE AND FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Procedure Summary.

Decision rationale: Treatment guidelines indicate that x-ray imaging is indicated when a fracture is suspected. The guidelines advise that the Ottawa Ankle Rules be used. The patient has

had x-ray examination of the feet and ankles in the past. That data was not provided for review. The requesting clinician did not provide compelling reasons to repeat these studies. The request for x-rays of the feet and ankles is not medically necessary.

MRI OF BILATERAL ANKLE AND FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 - 373.

Decision rationale: The guidelines indicate that for the vast majority of cases of foot and ankle complaints, special studies, such as MRI imaging, are not necessary. MRI imaging may be medically indicated to investigate tumors, osteomyelitis, or ligamentous rupture. The treating clinician did not present compelling information to warrant MRI imaging at this time therefore the request is not medically necessary.

CASTING X 2 OF CUSTOM, MOLDED ORTHOTICS X 2 WITH SOFT INTERFACE X 2 , AND VARUS/VALGUS WEDGE X 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, FOOT AND ANKLE.

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

Decision rationale: The current treatment guidelines indicate that orthotic devices may be medically indicated to treat plantar fasciitis and rheumatoid arthritis. Based on the documentation, casting and orthotics are not medically necessary.