

Case Number:	CM14-0158039		
Date Assigned:	10/29/2014	Date of Injury:	08/11/2010
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

Medical records reflect the claimant is a 47 year old male who sustained a work injury on 8-11-10. Office visit on 8-11-14 notes the claimant has surgical scars on the right lateral aspect of the foot, high arch foot, good dorsal pedis pulses, and tenderness over the posterior and lateral portions of the foot. The claimant is status post open reduction with plating of the calcaneus and fracture of the lateral malleolus of ankle. Diagnosis included acute exacerbation of chronic sprain/strain of the cervical spine and lumbar spine, acute exacerbation of chronic sprain/strain of left shoulder, depression and anxiety. Request is for orthopedic consultation for fitting of a foot/shoe orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic specialist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376, 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pages 503-524 consultation Chapter 7.

Decision rationale: ACOEM Guidelines as approved by CA Chapter 7 Independent Medical Examinations and Consultations pages 503-524 note Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting that this claimant has any structural pathology or surgical pathology at this time that would require an orthopedic consultation. There is no instability noted. Therefore, the medical necessity of this request is not established.

Fitting with a new foot/shoe orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376, 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic)

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: ODG notes orthotic devices recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. There is an absence in documentation noting that this claimant has any of the pathologies for which a foot orthotic is indicated or that he stands more than 8 hours per day. Therefore, the medical necessity of this request is not established.