

Case Number:	CM14-0165063		
Date Assigned:	10/10/2014	Date of Injury:	11/29/2008
Decision Date:	11/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery 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:

59 year old female claimant with an industrial injury dated 11/29/08. The patient is status post a left tarsal tunnel release dated 01/17/14. Exam note 07/15/14 states the patient returns with foot pain. The patient explains that she had seen improvement since the surgery. She has increased mobility but reports pain throughout the entire foot. The patient states that there is a burning sensation in both feet. She mentions that the sensations are more prominent in the left foot and ankle, and states that the injury has triggered osteoarthritis. Upon physical exam the patient had intact sensation and 5/5 muscle strength. The patient demonstrated a normal range of motion and there was no ankle instability. The patient had a stable heel/toe gait, in addition to no visible deformities. There was no evidence of tenderness except along the tarsal tunnel but the scar was not tender. Diagnosis includes severe left tarsal tunnel syndrome. Treatment includes physical therapy, and amfit orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Request for a Armfit Orthotics x2 left ankle/foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Ankle and Foot Procedure Summary.

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 371 states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case the exam notes from 7/15/14 do not demonstrate a clear functional deficit or impairment to warrant a specialized prescription orthotic. Therefore the determination is not medically necessary and appropriate.