

Case Number:	CM14-0174431		
Date Assigned:	10/27/2014	Date of Injury:	02/19/1997
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 licensed 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 the original date of injury for this patient was 2/19/1997. On 3/24/2014 patient was evaluated for right ankle pain and left foot pain. The physician states that radiographically patient exhibits evidence of arthritis to the tarsal metatarsal joints one through five, and that he feels orthotics and a rocker bottom shoes are warranted. Patient is also on NSAIDS. Patient continues to have diffuse aches and pains to the foot and ankle. Motor tone and sensation are intact. The physician feels that long-term conservative care is warranted for this patient and the patient will be transferred to a podiatrist for this care. On 9/3/2014 patient was evaluated by a podiatrist for continued left foot pain. Patient admits to a trauma in 1997 to her left foot which led to the need for a surgical procedure including placement of pins and screws. Musculoskeletal exam reveals a prominent talonavicular area dorsally to the left foot with minimal pain upon palpation. Dorsiflexion of the left ankle is 0 with no tenderness upon manipulation. X-ray evaluation contained in this progress note advises of spurring to the dorsal aspect of the navicular cuneiform area with no other overt changes. Diagnoses include "pain from joints including the left ankle and midfoot," and "short Achilles tendon." The podiatrist has recommended custom orthotics for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Custom molded orthotics to bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ankle Foot Orthosis (AFO)

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 guidelines for this case, it is my feeling that the decision for custom molded orthotics X two to bilateral feet is not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS guidelines state that custom orthotics is recommended for patients who suffer with pain from plantar fasciitis and/or metatarsalgia. This patient has been evaluated by two different physicians, neither of which has documented a diagnosis of plantar fasciitis or metatarsalgia. For this reason the two Custom molded orthotics to bilateral feet are not medically necessary and appropriate.