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| Case Number: | CM14-0042316 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Podiatry 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:

The injured worker is a 44 year old male who reported an injury on 05/22/2012 due to an unknown mechanism of injury. The injured worker had no complaints at this post surgery follow-up office visit. On 03/18/2014 the physical examination revealed no tenderness to the left ankle. He has full range of motion, good stability, normal strength, and was neurologically intact. The x-rays taken of the knees revealed no fractures, dislocations, subluxations, or degenerative joint disease. The injured worker's diagnoses were not submitted. The past treatment included physical therapy and aquatic therapy. The injured worker had a left ankle arthroscopy with debridement, microfracture and drilling for osteochondral lesion of the lateral talar dome. The injured worker's list of medications was not provided. The current treatment plan is for an AmFit orthotic (computerized custom orthotics). The rationale was not submitted for review. The request for authorization form was dated 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AmFit Orthotic (Computerized Custom Orthotics): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Orthotic devices.

Decision rationale: The request for an AmFit orthotic (computerized custom orthotic) is medically necessary. The injured worker has history of an ankle injury. The ODG guidelines state that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The injured worker would need the use of orthotic care to stabilize the left ankle and foot. Given the guidelines, the request for an AmFit orthotic (computerized custom orthotics) is medically necessary.