

Case Number:	CM14-0051196		
Date Assigned:	07/07/2014	Date of Injury:	10/11/2013
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

According to the records made available for review, the injured worker is a 54-year-old male with a date of injury of 10/11/13. At the time (4/7/14) of request for authorization for one pair of custom boots with custom insole with heel lift, there is documentation of subjective (status post left calcaneal comminuted fracture, less swelling, less pain) and objective (decreased swelling, about a third of normal subtalar joint motion, flattening and widening of the calcaneus appreciated with shortening of the left lower extremity) findings, current diagnoses (comminuted left calcaneal fracture non-surgical patient), and treatment to date (casting, physical therapy, and medications). The medical report dated 03/19/14 identifies that the patient is wearing flip-flops, and that apparently this is what he wears around the house and when he goes out for his walk to the corner market. In addition, 3/19/14 medical report identifies that the patient was advised to wear a high top boot which he says he has at home. There is no documentation of a trial of a prefabricated orthosis, and a statement identifying the patient will require a custom orthosis for long-term pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of custom boots with custom insole with heel lift: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices; and Cast (immobilization).

Decision rationale: The MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. The ODG identifies documentation of a clearly unstable joint, severe ankle sprain, or low-risk ankle fractures, as criteria necessary to support the medical necessity of a cast/boot/immobilization. In addition, ODG identifies documentation of a trial of a prefabricated orthosis and a statement identifying the patient will require a custom orthosis for long-term pain control, as criteria necessary to support the medical necessity of custom orthotics. Within the medical information available for review, there is documentation of diagnoses of comminuted left calcaneal fracture non-surgical patient. In addition, given documentation of status post left calcaneal comminuted fracture, there is documentation of ankle fractures. However, there is no documentation of a trial of a prefabricated orthosis and a statement identifying the patient will require a custom orthosis for long-term pain control. Therefore, based on guidelines and a review of the evidence, the request for one pair of custom boots with custom insole with heel lift is not medically necessary.