MAXIMUS Federal Services

Case Number:	CM14-0057714		
Date Assigned:	07/09/2014	Date of Injury:	09/03/1998
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 61 year old male who reported an injury to bilateral ankles and low back 09/03/98. Clinical note dated 03/19/14 indicated the injured worker complaining of bilateral ankle and foot pain. The injured worker previously utilized cushioned heels while wearing shoes that lessened the discomfort. The patient utilized hydrocodone and Naprosyn for pain relief. The patient ambulated with a normal gait. The injured worker walked on his heels and toes without any motor dysfunction. Tenderness was identified in the low back. The injured worker tore the left Achilles tendon in a rupture at the right Achilles tendon. However, pain was also elicited at both Achilles when percussed. The patient was recommended for [redacted] orthopedic orthotic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **dress shoes:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 and Foot Chapter, Orthotic devices.

Decision rationale: The injured worker sustained Achilles injuries at both ankles. The injured worker had low back complaints. The use of orthotic devices is indicated for patients who have been diagnosed with plantar fasciitis or rheumatoid arthritis. No information was submitted regarding diagnosis associated with plantar fasciitis or rheumatoid arthritis. The injured worker underwent trial of [redacted] orthotic device. However, no objective data was submitted regarding response confirming objective functional improvement with the use of the devices. Given this, the request is not indicated as medically necessary.