

Case Number:	CM14-0063704		
Date Assigned:	07/11/2014	Date of Injury:	07/31/2013
Decision Date:	08/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 a subspecialty in Pain Management 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, this is a 50-year-old female with a 7/31/13 date of injury. At the time (4/17/14) of the Decision for DME: One Pair of Motion Control Orthotics and X-rays Bilateral Feet/Ankles (Retro), there is documentation of subjective (right foot and ankle pain) and objective (numerous areas of tenderness noted in the right ankle and foot, moderate tenderness and induration over the plantar fascia, tenderness over the right 1st metatarsophalangeal joint and digits of the right foot extending tension centimeters above the right ankle, tenderness in the tarsal tunnel region, and tenderness over the lateral and anterior aspects of the ankle) findings, current diagnoses (chronic regional pain syndrome), and treatment to date (orthotics). Regarding DME: One Pair of Motion Control Orthotics, there is no documentation of plantar fasciitis or metatarsalgi 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:

DME: One Pair of Motion Control Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): tables 14-3 and 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines <http://www.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.

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. 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 chronic regional pain syndrome. In addition, there is documentation of a trial of a prefabricated orthosis. However, there is no documentation of plantar fasciitis or metatarsalgia and a statement identifying that 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 motion control orthotics is not medically necessary.

X-rays Bilateral Feet/Ankles (Retro): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): tables 14-2 and 14-5. Decision based on Non-MTUS Citation Official Disability Guidelines, Imaging procedures <http://www.odg-twc.com/odgtwc/ankle.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Radiography.

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation of a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain, as criteria necessary to support routine testing such as radiographs. ODG identifies documentation of inability to bear weight immediately after the injury; Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus; Inability to ambulate for four steps in the emergency room; Chronic ankle pain, suspected osteochondral injury, initial study; Chronic ankle pain, suspected tendinopathy, initial study; Chronic ankle pain, suspected ankle instability, initial study; Chronic ankle pain, pain of uncertain etiology, initial study; Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's disease; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, as criteria necessary to support the medical necessity of ankle/foot x-rays. Within the medical information available for review, there is documentation of diagnoses of chronic regional pain syndrome. In addition, there is documentation of chronic foot pain, moderate tenderness and induration over the plantar fascia, tenderness over the right 1st metatarsophalangeal joint and digits of the right foot extending tension centimeters above the right ankle, tenderness in the tarsal tunnel region, and tenderness

over the lateral and anterior aspects of the ankle. Therefore, based on guidelines and a review of the evidence, the request for x-rays bilateral feet/ankles is medically necessary.