

Case Number:	CM14-0082719		
Date Assigned:	07/21/2014	Date of Injury:	07/28/2008
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 records presented for review indicate that this 66-year-old female was reportedly injured on July 28, 2008. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of right ankle pain. The physical examination demonstrated a normal gait. No focused physical examination of the foot and ankle was performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes ankle surgery, physical therapy, and oral medications. A request was made for foot insert, Plastazote or equal, for purchase and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foot Insert Plastazote or equal for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Ankle & Foot, Ankle foot orthosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle, Orthotic Devices, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines, orthotic devices are recommended for plantar fasciitis or foot pain associated with rheumatoid arthritis. A review of the available medical record indicates that the injured employee does not have these diagnoses. As such, this request for a foot insert, Plastazote or equal for purchase is not medically necessary.